NCSS Report B-6 (1951-1969)

PROPERTY OF HCFA
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Medicaid

and other medical care financed
from public assistance funds

SELECTED STATISTICS, 1951 - 1969

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Preface

Some of the tables and charts included in this publication have appeared in other releases of the NCSS. Bringing them together in a single publication should facilitate access to the growing amount of information that is available about the people whose medical care is financed from public assistance funds (in whole or in part), and the amounts expended therefor.

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All recipients and payments for medical care

During the calendar year 1968, $4.1 billion was expended from public assistance funds for medical care. Of this amount $3.8 billion was for medicaid under title XIX of the Social Security Act; $237 million for medical care financed under the other Federally aided public assistance programs; and $76 million was expended under State-local general assistance programs in which there is no Federal financial participation.

The average monthly number of people furnished medical care was 5.4 million.1/ For close to 4 million (3,968,000) payments were made directly to medical vendors and for almost 2 million (1,983,000) the monthly payment was a premium or per capita payment to insurance systems.2/ (See Table I-2.) A monthly average of 535,000 individuals had both types of payments made in their behalf.

Of the 3,968,000 for whom payments were made directly to medical vendors, upwards of three-fifths, or 2,508,000, were people who also got money payments. These 2.5 million individuals represented close to thirty percent (28.4 percent) of the average monthly number of people who got money payments (See Table I-3.)

The average monthly amount paid for medical bills of money payment recipients was $55.55. For those who received no money payment the monthly average of $118.35 was more than twice as great. The larger average monthly amount for those for whom money payments are not authorized is common to all eligibility groups. For some groups, notably the aged and the blind, the average for non-money payment recipients is three or more times that for money payment recipients. Among the disabled, it is twice as large, but for members of families with dependent children, average payments to the non-money payment segment are only about a fifth larger than those for money payment recipients. (See Table I-3.)

One obvious reason for this difference is that for money payment recipients all medical bills, both large and small, must be paid from public assistance funds; the presence of small bills will tend to bring down the average payment for the money payment group. The situation is different among those for whom money payments are not authorized. Included in this group are first, the "medically needy only," who are likely to seek help only in paying large medical bills and second, aged individuals

1/ This number does not include those aided under State-local general assistance programs for which the count is not available.

2/ The average monthly totals of such payments were $5,688,000 for SMI under title XVIII B; $4,227,000 to other health insuring agencies; and $6,227,000 into agency pooled funds in 3 States.

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in nursing homes and institutions for the mentally ill who do not need money payments so long as they remain in the home or institution but for whom the monthly medical payment on the average is relatively high. Both these factors account for larger payments on the average for those not receiving money payments.

For data on total expenditures, by State, see Part II (Text page 7 and Chart II-5 page 33.) For information on the types of medical services provided, see Part II (text pages 14 and 15 and Charts II-11 and II-12 pages 38 and 39); and for data by State, see Part II (text page 13 and table II-10, page 63).

Following is a brief statistical summary of the people for whom payments were made and the amounts expended, for each of the 5 groups for whom medical care can be financed under federally aided programs, i.e., the aged, the blind, the disabled, members of families with dependent children, and, finally, a group designed as "other title XIX recipients."3/

The aged: A monthly average of almost 2.2 million individuals aged 65 and over received medical assistance in the form of either a direct payment to medical vendors or a per capita payment to an insurance system, principally the OASDHI. Insurance payments were made for almost 1.4 million people, whereas direct payments to vendors were made to a monthly average of 1.3 million, with more than 500,000 receiving medical assistance in both forms (See Table I-2.)

More than nine-tenths of all expenditures for the aged were for direct payments to vendors. The aged represented about a third of all individuals for whom direct payments were made to vendors. Their share of all such payments, however, was almost 43 percent. (See Chart I-1.) The average monthly amount per recipient came to a little more than $100, more than twice the average for members of families with dependent children. Among the aged, the average monthly expenditure for money payment recipients was about $51 and for the non-money payment group, $173.4/ (See Table I-3.)

Among the aged who got medical assistance in the form of direct payments to vendors, about three-fifths (59.5 percent) or 786,000 also got old-age assistance. (See Chart I-2.) This 786,000 represented almost two-fifths (38.8 percent) of the average monthly number of recipients of old-age assistance. (See Table I-3.)

3/ Federal funds are not available for payments on behalf of those aged 21-64 who are included in this group.

4/ See above for explanation of the difference between the two averages.

The blind: Almost 44,000 blind persons received medical assistance in an average month of 1968. They represented less than one percent (0.8 percent) of all recipients of medical assistance 5/ and their medical expenditures also were less than one percent of the total. Recipients of aid to the blind (money payments) numbered almost 30,000 and comprised 90 percent of those (33,200) for whom payments were made directly to medical vendors. (See Chart I-2.) This 30,000 represented about 37 percent of the average monthly number of recipients of aid to the blind. The average payment for the money payment group was $61.50 and for the non-money payment recipient $185.75, with an overall average of $74.10. (See Table I-3.)

The disabled: Almost half a million (482,000) people with disabilities other than blindness received medical assistance in an average month of 1968, most of them in the form of payments to medical vendors. The latter group--about 400,000--represented 10 percent of the total. (See Chart I-1.) The average monthly amounts per recipient--$106 for money payment recipients and $226 for the non-money payment group--were substantially higher than the comparable averages for the other two adult groups. (See Table I-3.) A possible explanation is that inpatient hospital care represented about 44 percent of their expenditures, but only 22 percent for the aged and 27 percent for the blind.6/

More than three-fourths (77.2 percent) of the disabled getting medical assistance in the form of direct payments to vendors were recipients of aid to the permanently and totally disabled. (See Chart I-2.) This money payment group numbered 309,000 and represented almost 46 percent of average monthly number who received aid to the permanently and totally disabled. This proportion was higher than those for recipients of old-age assistance (38.6 percent) and aid to the blind (37.0 percent). The proportion of old-age assistance recipients who get medical assistance is no doubt smaller because part of their medical expenses are met through Medicare. (See Table I-3.)

Members of families with dependent children: This group comprises those who are receiving aid to families with dependent children or would be eligible to receive it because they meet the definition of dependency specified in title IV A of the Social Security Act. Members of these families--adults and children--are the largest of the 5 groups that receive medical assistance. This is to be expected since they comprise more than two-thirds of all those getting money payments, and money payment recipients, in turn, represent more than three-fifths of all recipients of medical assistance. In an average month in 1968,

5/ The blind represent only 0.9 percent of all recipients of money payments.

6/ See Part II, Table II-11.

2.3 million individuals in these families got medical assistance. Of these individuals, 1.8 million had payments made to medical vendors and almost half a million had premium or per capita payments into insurance funds.7/ (See Table I-2.) The individuals in these families for whom payments were made directly to vendors comprised 46 percent of the vendor payment group. Their payments, however, came to only about 28 percent of all payments to medical vendors. (See Chart I-1.) Their smaller share of expenditures reflects the fact that the average monthly amount per recipient paid for medical bills--$44 for money payment recipients and $55 for the non-money payment group--was only a fraction of the comparable averages in the adult programs. Most of the group--70 percent--for whom payments were made to medical vendors, were recipients of AFDC. (See Chart I-2.) They numbered almost 1.3 million in an average month and represented somewhat more than a fifth (22.6 percent) of the average monthly number receiving AFDC. (See Table I-3.)

Other title XIX recipients: Almost three-fifths of this group are children under age 21 who are in foster care 8/ many of whom are "wards of the State;" or who are members of low income families where the father is both present in the home and employed. The other two-fifths are adults aged 21 to 64 who do not meet the eligibility requirements for aid to the blind or aid to the permanently and totally disabled and thus are not "categorically related."9/ Both the children and the adults include some recipients of general assistance as well as those who received no money payments but needed assistance only to pay for medical care.

The average monthly number of children and adults counted in this group was 375,000. The "other" group comprised 9 percent of those for whom payments were made directly to vendors and their payments came to almost 11 percent of all payments. (See Chart I-1.) Money payment recipients comprised only a little more than a fourth (26.9 percent) of these "other title XIX recipients." This is in sharp contrast to the much higher percentages represented by the money payment recipients--60 to 90 percent--in the other eligibility groups. (See Chart I-3.)

The average monthly expenditure for medical bills paid for money payment recipients in this group was $83.50, more than for the other money payment recipients except those getting aid to the permanently and totally disabled. For those for whom money payments were not authorized, the average was almost $102, much below the averages for non-money payment recipients in the adult categories but close to double the average expenditure for members of families with dependent children who did not get a money payment. (See Table I-3.)

7/ Of this number, 233,000 were in Oklahoma and Texas.
8/ Except those who formerly were members of families with dependent children and continue to be counted in that group.
9/ Federal funds cannot be used for medical payments for this group.

Refer to Chart II-1 - Page 29

TOTAL PAYMENTS FOR MEDICAL CARE, FISCAL YEARS 1951-1968

October 1950 (fiscal year 1951) was the first month in which Federal funds could be used for payments to medical vendors.

Until 1959, the annual amounts spent for the aged were about the same as for all other assistance recipients combined. With the initiation of programs of medical assistance for the aged in fiscal 1961, expenditures for the aged in 1962 were almost double those in 1960, and by 1965 they had trebled. Over the same period, expenditures for other needy people continued a modest upward trend.

By the end of fiscal 1967, only 29 States were operating medicaid programs under title XIX. Medicaid expenditures in these States, however, comprised four-fifths of all payments to medical vendors under public assistance programs. By fiscal 1969, medicaid programs accounted for 93 percent of the total, and 43 States and other jurisdictions had such programs.

The growth in expenditures for medical assistance following enactment of title XIX parallels that in medical expenditures for the aged after more generous Federal participation became available in fiscal 1961 through programs of medical assistance for the aged. The following tables shows the percentage increases in expenditures from the fiscal year before the new programs went into effect to the end of each of the first of four years of operation under the new programs.

Period	Percentage increase in medical expenditures for:	
	Aged (Under OAA and MAA, after enactment of MAA in 1960)	All recipients (Under all programs after enactment of MA in 1965)
From base year: 1/		
Over one year.....	23	25
Over two years.....	94	74
Over three years.....	149	162
Over four years.....	186	223

1/ For aged, fiscal 1960, the last year before medical assistance for the aged was authorized under title I. For all recipients, fiscal 1965, the last year before medical assistance was authorized under title XIX.

Refer to Chart II-2 - Page 30

TOTAL PUBLIC ASSISTANCE MEDICAL PAYMENTS, JANUARY 1965 TO JULY 1969

Refer to Chart II-3 - Page 31

AVERAGE MONTHLY AMOUNT OF PUBLIC ASSISTANCE PAYMENTS FOR MEDICAL CARE, JANUARY 1965 TO JUNE 1969

Refer to Chart II-4 - Page 32

PUBLIC ASSISTANCE PAYMENTS FOR MEDICAL CARE, JANUARY 1967 TO JULY 1969

Charts II-2 and II-4 show the erratic monthly changes that have occurred in expenditures for medical assistance since operations were initiated under medicaid. These monthly changes reflect administrative operations and fiscal considerations that are involved in the presentation and payment of bills from medical vendors. Chart II-3 indicates how use of a 3-month moving average helps to visualize the general upward trend that has been apparent since January 1966. The flattening of the line for the last two months of 1968 and the first six months of 1969 reflects a slackening in the rate of growth.

EXPENDITURES PER INHABITANT FOR MEDICAL ASSISTANCE, CALENDAR YEAR 1968

Of the total of $4.1 billion spent in calendar 1968 for medical assistance:

... New York alone spent more than a fourth 1/

... Three States (New York, California, and Massachusetts) spent one-half

... The 10 States spending the largest sums accounted for three-fourths of the total

States with large populations will, of course, spend more in toto than States with the smallest populations. The effect of population size is removed when the expenditure per inhabitant, shown on Chart II-5, is computed.

Relative to population the 10 top spenders include:

... 6 of the States that also spend the largest total amounts

New York	Michigan
California	Wisconsin
Massachusetts	Minnesota

... 4 other States

Oklahoma	Rhode Island
Connecticut	Vermont

1/ See column 2 of Table II-5.

PUBLIC ASSISTANCE: TOTAL PAYMENTS FOR MEDICAL CARE, BY BASIS OF ELIGIBILITY, SELECTED MONTHS 1967-1969

Chart II-6 shows that all groups of recipients have shared in the larger expenditures for medical assistance. The largest absolute and relative increases in average monthly expenditures from 1965 to 1968 were for families with dependent children. The percentage increase in expenditures for the aged--the smallest for any group--must be viewed against the "head start" the aged got in the program of medical assistance for the aged, which ante-dated medicaid by 5 years; and in light of the fact that Medicare finances a large part of medical care for the aged. On the other hand it should be noted that part of the "increase" represents payments to mental institutions for care of the aged previously financed from other public funds and thus not counted as a public assistance cost in 1965, the base year from which increases were measured. Incomplete reports from the States indicate that such payments came to at least $17 million in November 1968.

Refer to Chart II-7 - Page 35

EXPENDITURES PER INHABITANT FOR MEDICAL ASSISTANCE, BY STATE, FISCAL YEARS 1968 AND 1967 AND CALENDAR YEAR 1965 (CHART ONLY)

State medical assistance programs must meet certain minimum requirements specified under title XIX. Some States meet only these minimums, whereas others have programs that are broader in scope of services and people covered. Medical assistance furnished under the other public assistance titles is subject to fewer program requirements than under title XIX. 1/ These variations in State programs are reflected in variations in their expenditures. To permit interstate and interyear comparisons of total program costs, each State's total expenditures for medical assistance have been divided by the State's total population to obtain an "expenditure per inhabitant " for the years 1965, 1967, and 1968.

Chart II-7 shows that all but 7 States spent more per inhabitant in 1968 than in 1965. In the majority of the States increases exceed the rises that could be expected to result from higher unit costs alone.

To the extent that larger expenditures result from including as part of the "new" title XIX programs, expenditures that were made in 1965 but not from public assistance funds, the increases reflect not a "real" expansion in the provision of medical services but merely a transfer of costs to public assistance.

In 1968, 28 States made payments for the care of aged persons in mental institutions, an expense that these States had incurred in 1965 but not as a public assistance cost. 2/ Since this is a costly type of medical service, inclusion of these costs in 1968 raises the level of

1/ Under the other public assistance titles, the services provided (and their amount, duration, and scope) are determined by the State and can vary among programs. The exception is that under programs for Medical Assistance for the Aged, some institutional and some non-institutional care must be provided.

2/ Payments in behalf of aged patients in institutions for mental diseases were provided for under title XIX in June 1968 in 26 States: California, Connecticut, District of Columbia, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, West Virginia, Washington, and Wisconsin. Under other public assistance titles payments were made in 4 States: Colorado, Florida, New Jersey, and Tennessee.
The percentage such payments comprised of total vendor payments in January-June 1968 for States reporting on this item, was as follows:

California	3.1	Maine	.1	Oregon	8.0
Colorado	7.0	Massachusetts	7.6	Rhode Island	5.0
Connecticut	8.6	Minnesota	.9	Tennessee (Less than	0.005)
Florida	19.0	Missouri	5.8		
Illinois	13.9	New Jersey	32.4	Texas	10.1
Kansas	7.3	New York	9.7	Vermont	22.6
Kentucky	4.4	North Dakota	6.2	Washington	3.7
Louisiana	2.0			Wisconsin	6.6

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expenditures for that year considerably and thus overstates the "real" increase from 1965.

The six States that spent the largest amounts per inhabitant in 1968 also spent relatively large sums (more than $10) per inhabitant in 1965 and had the largest increases from 1965. 3/ The increases for these 6 States are large enough to indicate that medical assistance furnished under title XIX represents something more than a continuation of pre-existing programs, either in terms of people served or services provided, or both. A seventh State--Michigan--also should be included in the group; it ranked ninth in dollar increase ($10.20) but spent less than $10 per inhabitant in 1965. Further analysis will be required to determine whether there was measurable improvement in other States. 4/

3/ California, Massachusetts, New York, Oklahoma, Rhode Island, and Wisconsin.

4/ Puerto Rico and Maryland rank seventh and eighth in the amount of dollar increase in 1968 from 1965. Prior to the establishment of a medical assistance program under title XIX, however, a large part (if not most) of the medical care furnished to people with low incomes in Puerto Rico and Maryland was not financed from public assistance funds and, hence, is not reflected in the amounts reported for 1965 which, in that year, amounted to 75 cents per inhabitant in Puerto Rico and $3.30 in Maryland.

PUBLIC ASSISTANCE: EXPENDITURES PER INHABITANT FOR MAINTENANCE ASSISTANCE AND FOR MEDICAL ASSISTANCE, TOTAL AMOUNT AND AMOUNT FOR AGED PERSONS, CALENDAR YEAR 1968

In calendar 1968, 10 States 1/, Puerto Rico, and the Virgin Islands spent more for medical than for maintenance assistance. In twenty-four States 2/ medical care for the aged cost more than maintenance for the aged. For the Nation as a whole, expenditures for medical assistance for aged persons slightly exceeded the amount for maintenance assistance for the elderly, $8.55 per inhabitant compared with $8.25. Expenditures for the aged comprised a little more than 40 percent of all medical assistance and 30 percent of all maintenance assistance. In 26 States more than half of all medical assistance was for the aged; maintenance assistance for the aged, however, represented more than half of all maintenance assistance in only 9 States. In Massachusetts, expenditures per inhabitant for medical care of the aged alone--$22--were larger than per inhabitant expenditures for medical care for all recipients in 46 States.

1/ Indiana, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New York, Rhode Island, and Wisconsin.

2/ Indiana, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New York, Rhode Island, Wisconsin, Connecticut, Hawaii, Idaho, Illinois, Kansas, Maryland, New Jersey, North Dakota, Oregon, Pennsylvania, South Dakota, Utah, Vermont, and Washington.

Refer to Chart II-9 - Page 37

PAYMENTS FOR PUBLIC ASSISTANCE VENDOR MEDICAL BILLS, BY TYPE OF SERVICE, FISCAL YEARS 1957-1968

Chart II-9 shows the relatively large increases in expenditures from public assistance funds for all types of medical services that have occurred since the enactment of title XIX. The largest absolute increases (1965 to 1968) were for inpatient hospital care ($818 million or 140 percent) and nursing home care ($618 million or 137 percent). Total expenditures for these two services have represented at least 70 percent of all expenditures in each fiscal year since 1962, 1/ the first year for which the distribution by type of service was reasonably complete.

The largest percentage increases from 1965 to 1968 occurred in expenditures for medical services other than hospital and nursing home care. Dental care expenditures showed a five-fold increase; expenditures for "other" practitioners services were up nearly three-fold and for physicians' services, more than two-fold.

1/ For calendar year 1968, the percentage was 68.5 percent.

SPECIAL TYPES OF PUBLIC ASSISTANCE AND GENERAL ASSISTANCE: PERCENTAGE DISTRIBUTION OF PAYMENTS FOR VENDOR MEDICAL BILLS, CALENDAR YEAR ENDED DECEMBER 31, 1968

Table II-10 shows State detail on total expenditures and the percentage distribution by type of medical services for which payments were made in calendar 1968. Payments for nursing home care comprised the largest single component of medical costs in about three-fourths of the States. In the other fourth of the States, payments for inpatient hospital care were the largest single item. 1/

Payments for physicians' services comprised about 11 percent of the national total but represented a fifth or more of medical vendor payments in 11 States. 2/ Expenditures for dental care, at 5.6 percent of the national total, were heavily influenced by the larger proportions in New York (11.6 percent) and Massachusetts (10.4 percent); dental care came to 5 percent of the total in only 5 other States. 3/

Payments for prescribed drugs were almost 7 percent of the national total. They comprised more than four times this proportion in Florida (33 percent) and more than a fifth of the total in 7 other States. 4/

1/ Except in Iowa where payments for physicians' services were the largest single item.

2/ California, Delaware, Idaho, Iowa, Kentucky, Missouri, New Hampshire, New Mexico, Oklahoma, West Virginia, and Wyoming.

3/ California, Iowa, Kansas, New Hampshire, and Utah.

4/ Iowa, Kentucky, Louisiana, New Hampshire, North Carolina, Tennessee, and West Virginia.

Refer to Chart II-11 - Page 38

PUBLIC ASSISTANCE: PERCENTAGE DISTRIBUTION OF MEDICAL VENDOR PAYMENTS FOR EACH SPECIFIED GROUP OF RECIPIENTS, BY TYPE OF SERVICE, CALENDAR YEARS 1965 AND 1968

Chart II-11 shows the percentage of total expenditures for each eligible group (aged, blind, etc.) that was represented by the several types of medical services. For the aged and the blind, nursing home care was the largest single component in 1968--almost three-fifths of expenditures for the aged and almost two-fifths for the blind. For the other three groups, inpatient hospital care bulked largest, at almost 45 percent for the disabled, 50 percent for families with dependent children, and 57 percent for the "other" group (individuals under age 65 who are not "categorically related").

Because of the large increases in aggregate expenditures from 1965 to 1968, total expenditures for every service for each eligibility group went up between the two years, despite declines in the percentage of the total represented by a particular service. There is one exception to this statement. Expenditures for inpatient hospital care for the aged which comprised 39 percent of medical expenditures for the aged in 1965, came to almost $410 million in that year; they dropped to $370 million or about 22 percent of the total in 1968. This decrease reflects the fact that in 1968 most hospital costs for the aged were financed through Medicare.

Refer to Chart II-12 - Page 39

PUBLIC ASSISTANCE: PERCENTAGE DISTRIBUTION OF EXPENDITURES FOR SPECIFIED TYPES OF MEDICAL SERVICES, BY BASIS OF RECIPIENTS' ELIGIBILITY, CALENDAR YEARS 1965 AND 1968

Chart II-12 shows the percentage of total expenditures for each type of service (hospital care, physicians' services, etc.) that went to pay medical bills for each of the several eligible groups. In 1968, except for nursing home care and prescribed drugs, the largest part of total expenditures for each of the other services went to pay bills for children and adults who were receiving AFDC or were "categorically related" to that program. Expenditures on their behalf comprised half or more of expenditures for physicians' services, for dental care, and for "other" services; close to half (46 percent) of amounts for other practitioners' services; and close to two-fifths (38 percent) of payments for inpatient hospital care.

Expenditures for the aged comprised a smaller proportion of total expenditures for each service in 1968 than in 1965, but the aggregate amount spent for the aged for each service, except inpatient hospital care, was larger in 1968 than in 1965.

Refer to Chart III-1 - Page 40

NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS, BY BASIS OF ELIGIBILITY, SELECTED MONTHS, 1967-1969

Chart III-1 shows the generally upward trend in the monthly number of recipients on whose behalf one or more bills were paid during the specified months.

Refer to Chart III-2 - Page 41

NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS MADE TO VENDORS DIRECTLY OR THROUGH FISCAL AGENT, SELECTED STATES AND MONTHS, MAY 1967-FEBRUARY 1969

The shifts in trend shown in chart III-2 for California and New York are probably characteristic of other States as well. These shifts are obscured, however, when a combined total is shown. Chart III-2 also indicates that, as in the case of expenditures, the counts of recipients in California and New York greatly affect the national trend.

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Refer to Chart III-3 - Page 42

NUMBER OF "OTHER" INDIVIDUALS ON WHOSE BEHALF MEDICAL VENDOR PAYMENTS WERE MADE, SELECTED STATES AND MONTHS, MAY 1967-FEBRUARY 1969

Chart III-3 shows that medical care financed from public assistance funds is furnished to very few children who are not members of "AFDC-type" families, i.e., "categorically related." For those aged 21-65 who are not "categorically related" the number is even smaller, and most of them are in New York.

Refer to Chart III-4 - Page 43

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS PER 1,000 CIVILIAN POPULATION, BY STATE, DECEMBER 1968

Chart III-4 shows the minimum number of people relative to the total population in each State for whom five specified types of medical care are mandated if the State operates a medical assistance program under title XIX. The total bar shows the number of people per 1,000 total population represented by recipients of public assistance money payments. Exclusive of recipients of general assistance, represented by the solid black segment of the bar, all the others are eligible for medical assistance.

The wide variation--more than 5 to 1--that exists among the States indicates the varying impact on the States' medical personnel and facilities--not to mention the problems of financing that may be involved--if a "quality" medical care program is to be maintained. Not only must the total number involved be considered, but also the composition of the group to be served. Thus, per person costs will be higher when the aged and disabled comprise a larger proportion of those potentially eligible.

Given this wide variation in terms of money payment recipients, it is readily apparent that some States could expand their programs to include the so-called "medically needy only" and yet serve a smaller proportion of the State's population than States that furnish medical assistance only to the so-called "categorically needy." 1/

1/ Money payment recipients comprise the overwhelming majority of this group; it also includes those whose incomes fall below the State's assistance standard but who for a variety of reasons do not receive money payments for maintenance assistance.

Refer to Chart III-5 - Page 44

PERCENT OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS REPRESENTED BY PERSONS FOR WHOM MONEY PAYMENTS ALSO WERE AUTHORIZED, BY BASIS OF ELIGIBILITY, IN CALIFORNIA, NEW YORK, AND ALL OTHER STATES, CALENDAR YEAR 1968

Chart III-5 shows that, outside of New York, most of the people who receive medical assistance also get money payments. Almost four-fifths of the aged who get medical assistance in California are money payment recipients in contrast to only a little more than a fourth in New York. For all other States combined, aged money payment recipients comprise about three-fifths of the aged who get medical care.

The larger percentage represented by money payment recipients in California vis-a-vis New York may well reflect the fact that a much higher proportion of the aged in California than in New York get old-age assistance (money payments). 1/

Among the disabled and families with dependent children fewer than one-half in New York, but about nine-tenths in California and about three-fourths in all other States combined were money payment recipients.

1/ Recipients of old-age assistance per 1,000 of the population aged 65 or over numbered 178 in California and only 42 in New York in December 1968.

MONTHLY NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS AGED 65 AND OVER PER 1,000 POPULATION AGED 65 AND OVER, BY MONEY PAYMENT STATUS AND BY STATE, CALENDAR YEAR 1968

Chart III-6 shows the proportion of the total aged population that in any one month had one or more medical bills paid and, in addition, the proportion represented by money payment recipients. More than a 25 to 1 variation exists among the States in the proportion of all aged having a medical bill paid in a month. While these data are not conclusive, it seems reasonable to assume that at least the quantity of medical care furnished is likely to be greater in the States that pay bills for a relatively high proportion of the aged population each month than in States with a smaller proportion.

Note on Puerto Rico and the Virgin Islands

The relatively large proportions shown for the Virgin Islands and Puerto Rico probably are accounted for by the fact that prior to the initiation of a medical assistance program under title XIX, medical care was provided from public funds to all who wished to receive it. The title XIX programs have some limitations in coverage, but use of the facilities would be an established practice among all those who needed medical care.

Refer to Chart III-7 - Page 46

PERCENT OF ALL RECIPIENTS OF OAA REPRESENTED BY AGED WHO GOT BOTH OAA AND MEDICAL VENDOR PAYMENTS, CALENDAR YEAR 1968

Money payment recipients have a first claim on the agency's resources for providing medical care. Chart III-7 shows what proportion of money payment recipients among the aged also had one or more medical bills paid during a month. Here again wide variation exists among the States. Again, although the data are far from conclusive, it can be inferred that, relative to the eligible group, the quantity of care furnished is likely to be greater if a larger rather than a smaller proportion of recipients have one or more bills paid each month.

Refer to Chart III-8 - Page 47

MONTHLY NUMBER OF CHILD RECIPIENTS OF MEDICAL VENDOR PAYMENTS PER 1,000 POPULATION UNDER AGE 21, BY MONEY PAYMENT STATUS AND BY STATE, CALENDAR YEAR 1968

During a single month scarcely more than twenty-two per 1,000 of the Nation's child population have a medical bill paid from public assistance funds. Chart III-8 shows that the proportion varies among the States from 89 to fewer than 2 per 1,000. The children include both those who are receiving (or are financially eligible to receive) AFDC and children under 21 in other low income families. Massachusetts had substantial numbers 1/ of children who were not in "AFDC-type" families (i.e., categorically related), and none of them were receiving money payments from another assistance program.

While these data are not conclusive, it seems reasonable to assume that at least the quantity of medical care furnished is likely to be greater in the States that pay bills for a relatively high proportion of the child population each month than in States with a smaller proportion.

Note on Puerto Rico and the Virgin Islands

The relatively large proportions shown for the Virgin Islands and Puerto Rico probably are accounted for by the fact that prior to the initiation of a medical assistance program under title XIX, medical care was provided from public funds to all who wished to receive it. The title XIX programs have some limitations in coverage, but use of the facilities would be an established practice among all those who needed medical care.

1/ More than half the National total.

Refer to Chart III-9 - Page 48

PERCENT OF CHILD RECIPIENTS OF AFDC REPRESENTED BY CHILDREN WHO GOT BOTH AFDC AND MEDICAL VENDOR PAYMENTS, CALENDAR YEAR 1968

Money payment recipients have a first claim on the agency's resources for providing medical care. Chart III-9 shows what proportion of the children receiving AFDC had a medical payment made on their behalf during a month. The wide variation among the States--more than 100 to 1--is even greater than that with respect to aged recipients.

Again, although the data are far from conclusive, it can be inferred that the quantity of care furnished is likely to be greater if a larger rather than a smaller proportion of recipients have one or more bills paid each month.

AVERAGE MONTHLY AMOUNT EXPENDED PER RECIPIENT FOR WHOM ONE OR MORE BILLS WERE PAID TO VENDORS FOR MEDICAL CARE, IN CALIFORNIA, NEW YORK, AND ALL OTHER STATES, CALENDAR YEAR 1968

Except among the disabled in New York, the average monthly amount expended per recipient whose medical bills are paid is lower for those who also receive a money payment than for those who do not. This is to be expected for the following reasons. For money payment recipients all medical bills, both large and small, must be paid from public assistance funds. The presence of many small bills will tend to bring down the average payment for the money payment group. The situation is different among those for whom money payments are not authorized. Included in this group are first, the "medically needy only" who are likely to seek help only in paying large medical bills; and second, aged individuals in nursing homes and institutions for the mentally ill and severely disabled individuals in nursing homes. The second group do not need money payments for maintenance so long as they remain in the home or institution, but their monthly payments which include the costs of board and room as well as nursing care are relatively large.

372-916 O - 70 - 5

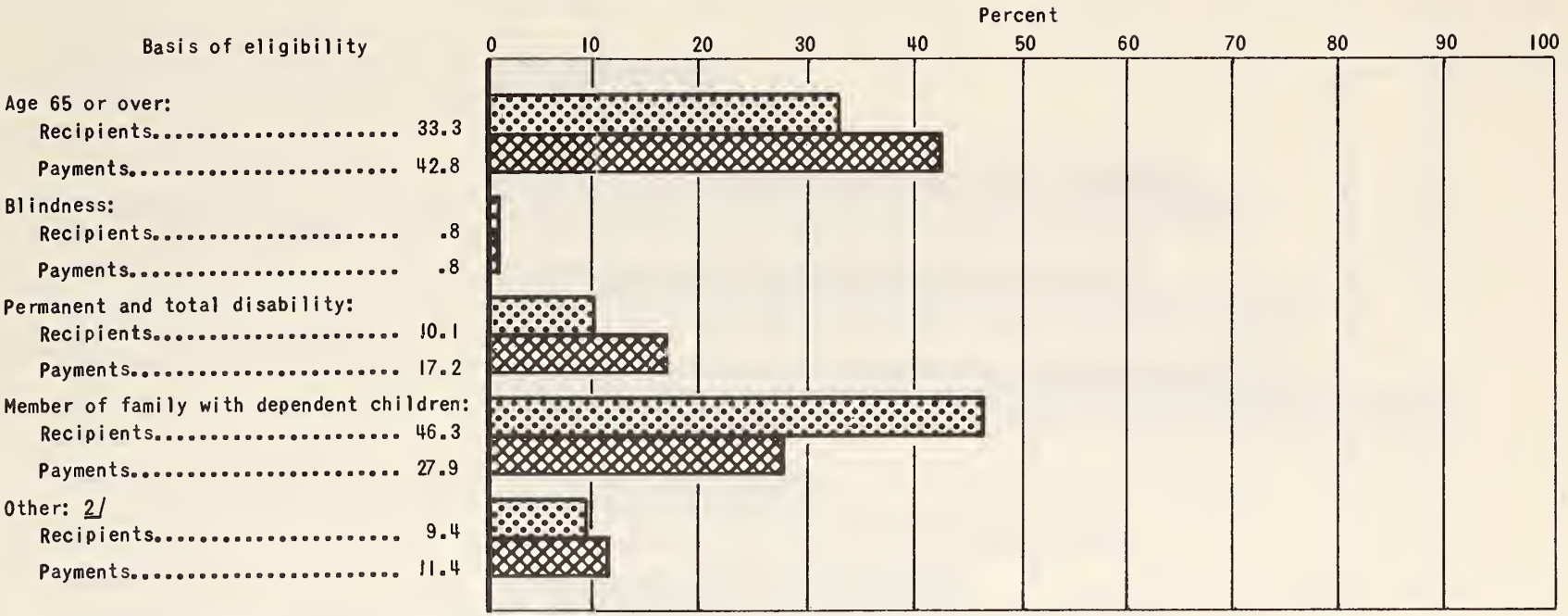
Refer to Chart IV-2 - Page 50

AVERAGE MONTHLY AMOUNT EXPENDED PER RECIPIENT FOR WHOM ONE OR MORE BILLS WERE PAID TO VENDORS FOR MEDICAL CARE, FEBRUARY 1968 AND FEBRUARY 1969

Percentage increases from February 1968 to February 1969 in the average monthly amount paid per recipient who had a bill paid were larger for those who also got a money payment than for the non-money payment group. This was true for all but the relatively small group of "other" recipients. To determine whether this fact is "significant" or represents merely a change in the "mix" of bills paid between the two months would require more information than is currently available. If the averages for all types of recipients had increased in line with the rise in medical prices, it might have been inferred that the rise in medical prices was a major factor accounting for higher averages in 1969. Even so, the multitude of other factors that could influence the average for a single month, e.g., just the "mix" of bills paid, would render the inference hazardous.

Chart I-1

MEDICAL ASSISTANCE: PERCENT OF TOTAL RECIPIENTS AND OF TOTAL PAYMENTS TO MEDICAL VENDORS ACCOUNTED FOR BY EACH SPECIFIED GROUP, CALENDAR YEAR 1968 1/



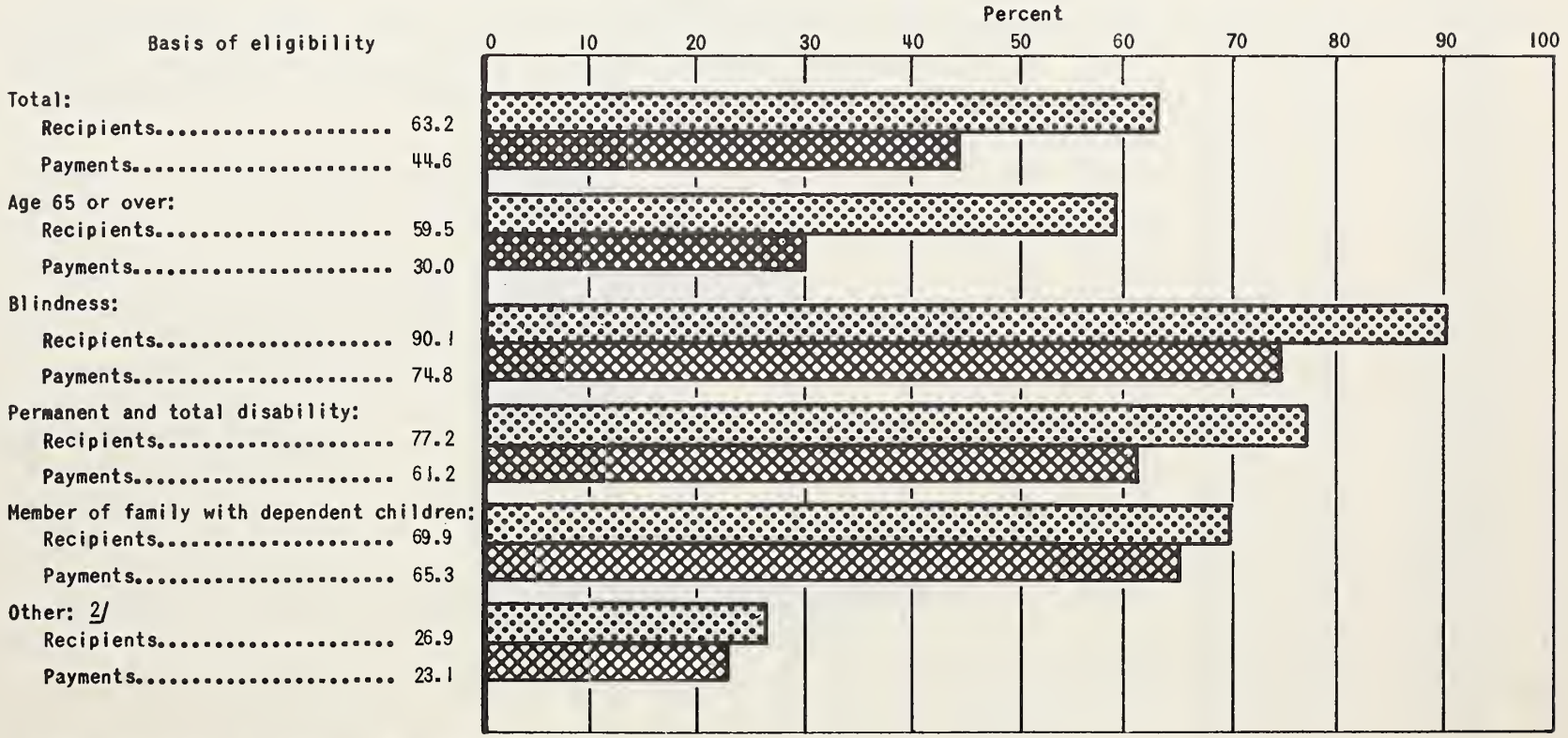
1/ Excludes recipients for whom only payments were monthly premiums or per capita amounts paid to health-insuring agencies and the amounts of such payments. Based on averages for February, May, August, and November 1968.

2/ Individuals under 21 years of age not deprived of parental support or care as defined under title IV (AFDC) of the Social Security Act; and individuals aged 21-64 not blind or disabled as defined under title X (AB) or title XIV (APTD) of the Social Security Act. 318

Data from tables I-1 and I-2

Chart I-2

MEDICAL ASSISTANCE: PERCENT OF TOTAL RECIPIENTS AND OF TOTAL PAYMENTS TO MEDICAL VENDORS ACCOUNTED FOR BY RECIPIENTS OF MAINTENANCE PAYMENTS IN EACH SPECIFIED GROUP, CALENDAR YEAR 1968 1/



1/ Based on averages for February, May, August, and November 1968.

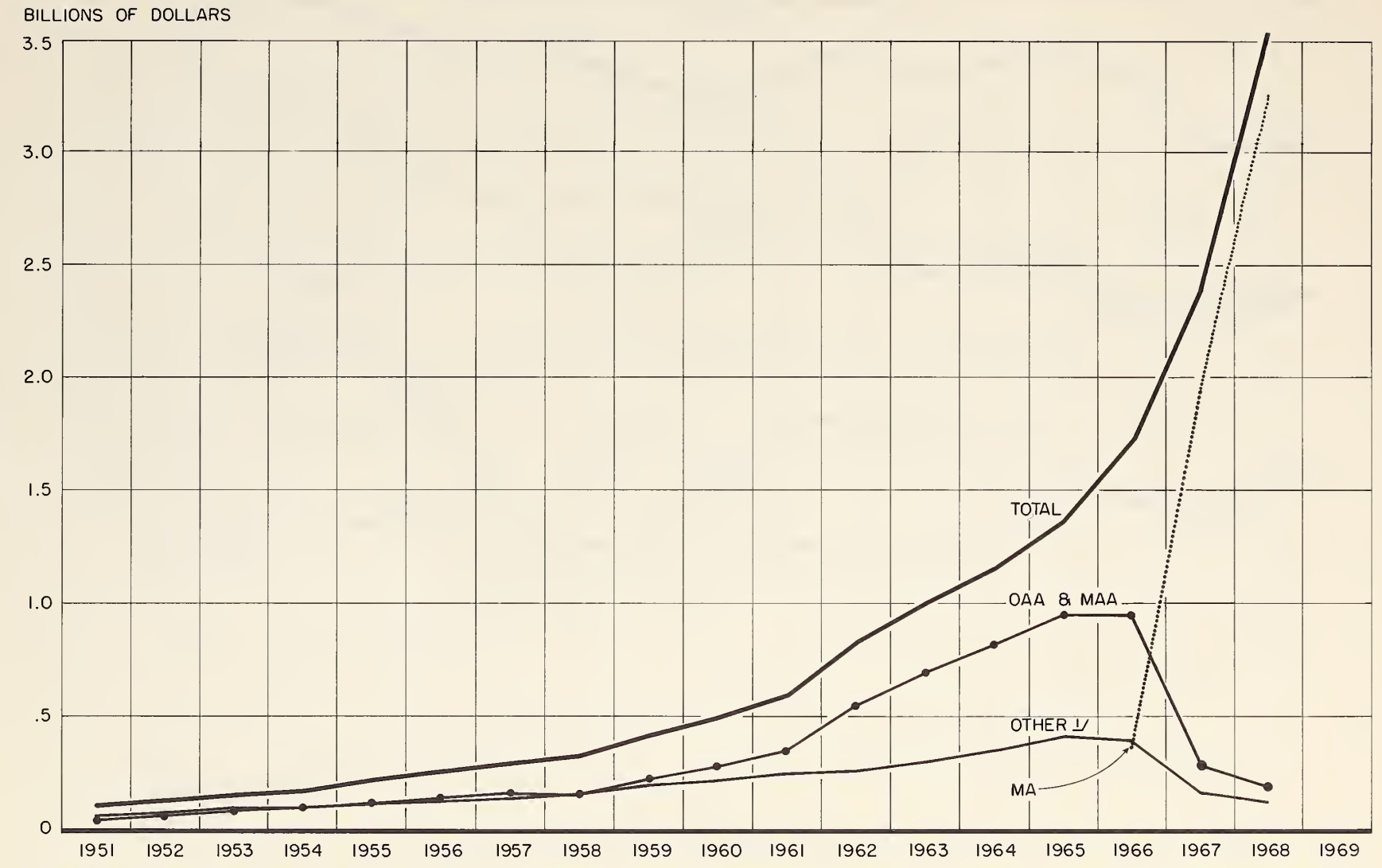
2/ Individuals under 21 years of age not deprived of parental support or care as defined under title IV (AFDC) of the Social Security Act; and individuals aged 21-64 not blind or disabled as defined under title X (AB) or title XIV (APTD) of the Social Security Act. 319

Data from tables I-3 and I-4

372-916 O - 70 - 6

Chart II-1

TOTAL PAYMENTS FOR MEDICAL CARE, FISCAL YEARS 1951 TO 1968

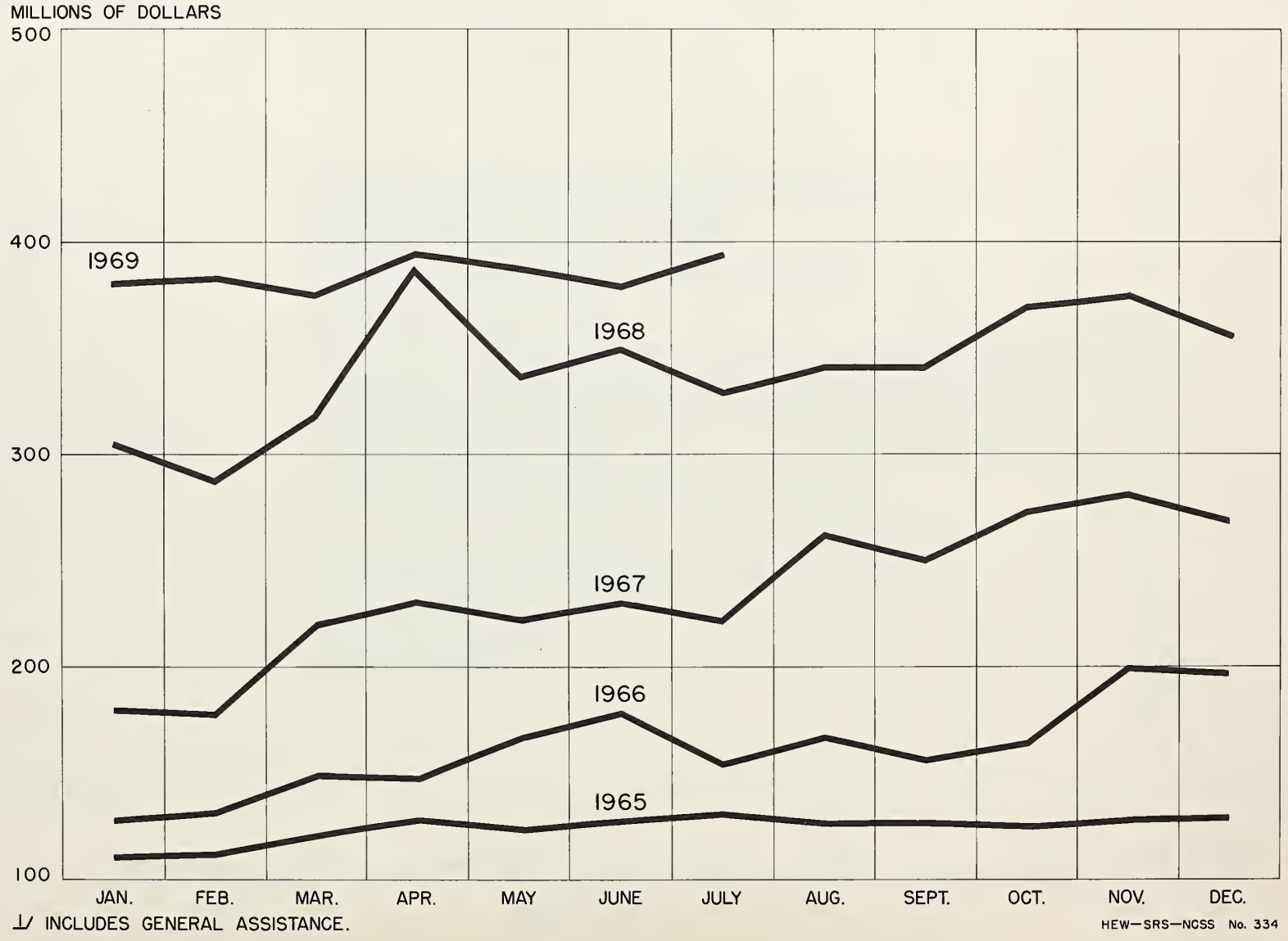


1/ AB, APTD, AFDC, and GA.

HEW—SRS—NCSS No. 237

Chart II-2

TOTAL PUBLIC ASSISTANCE VENDOR PAYMENTS 1/ JANUARY 1965 TO JULY 1969

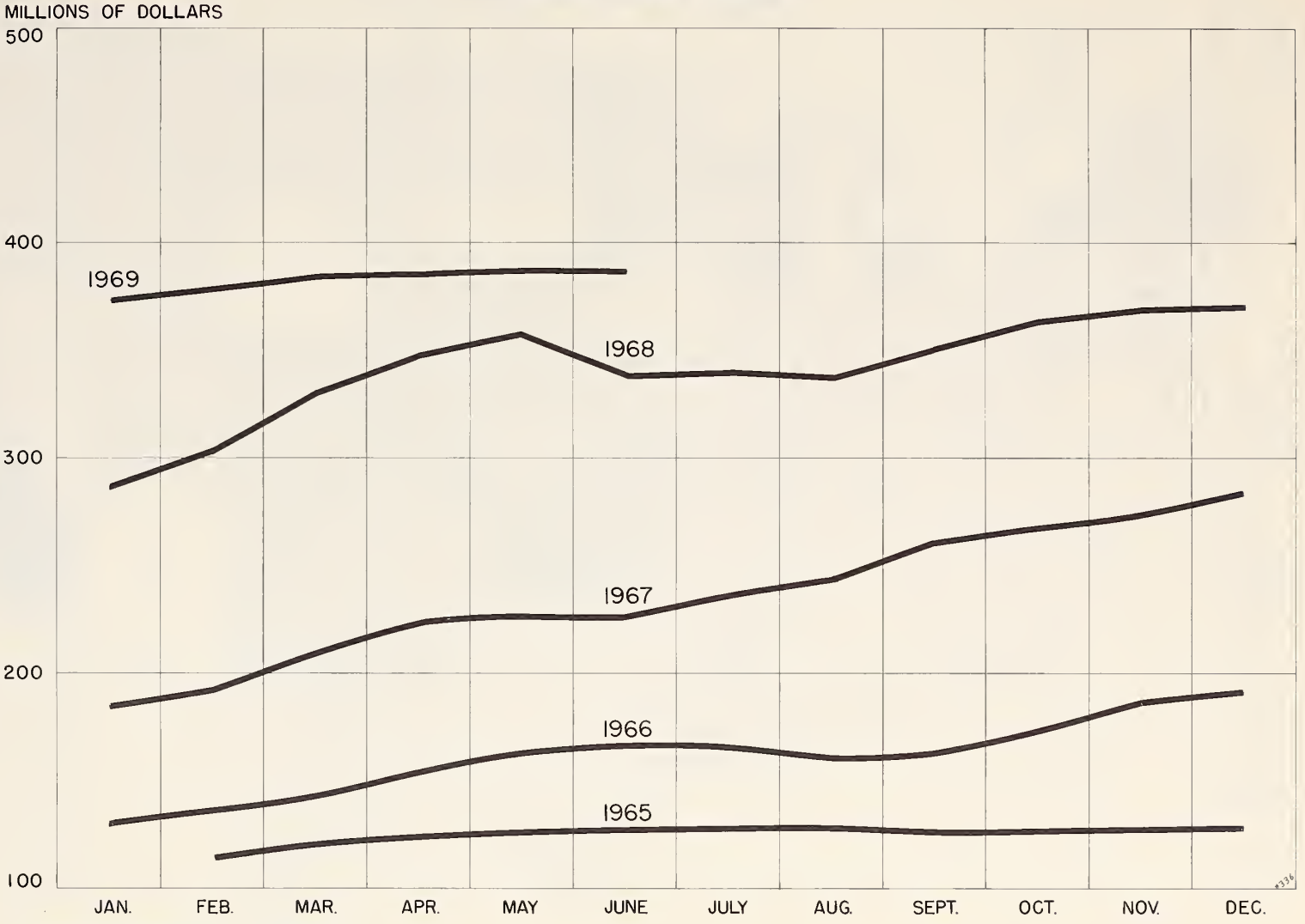


1/ INCLUDES GENERAL ASSISTANCE.

HEW—SRS—NCSS No. 334

Chart II-3

AVERAGE MONTHLY AMOUNT OF PUBLIC ASSISTANCE PAYMENTS FOR MEDICAL CARE, 1/
JANUARY 1965 TO JUNE 1969
(3-MONTH MOVING AVERAGES)



1/ INCLUDES GENERAL ASSISTANCE.

Chart II-4

PUBLIC ASSISTANCE PAYMENTS FOR MEDICAL CARE

JANUARY 1967 TO JULY 1969

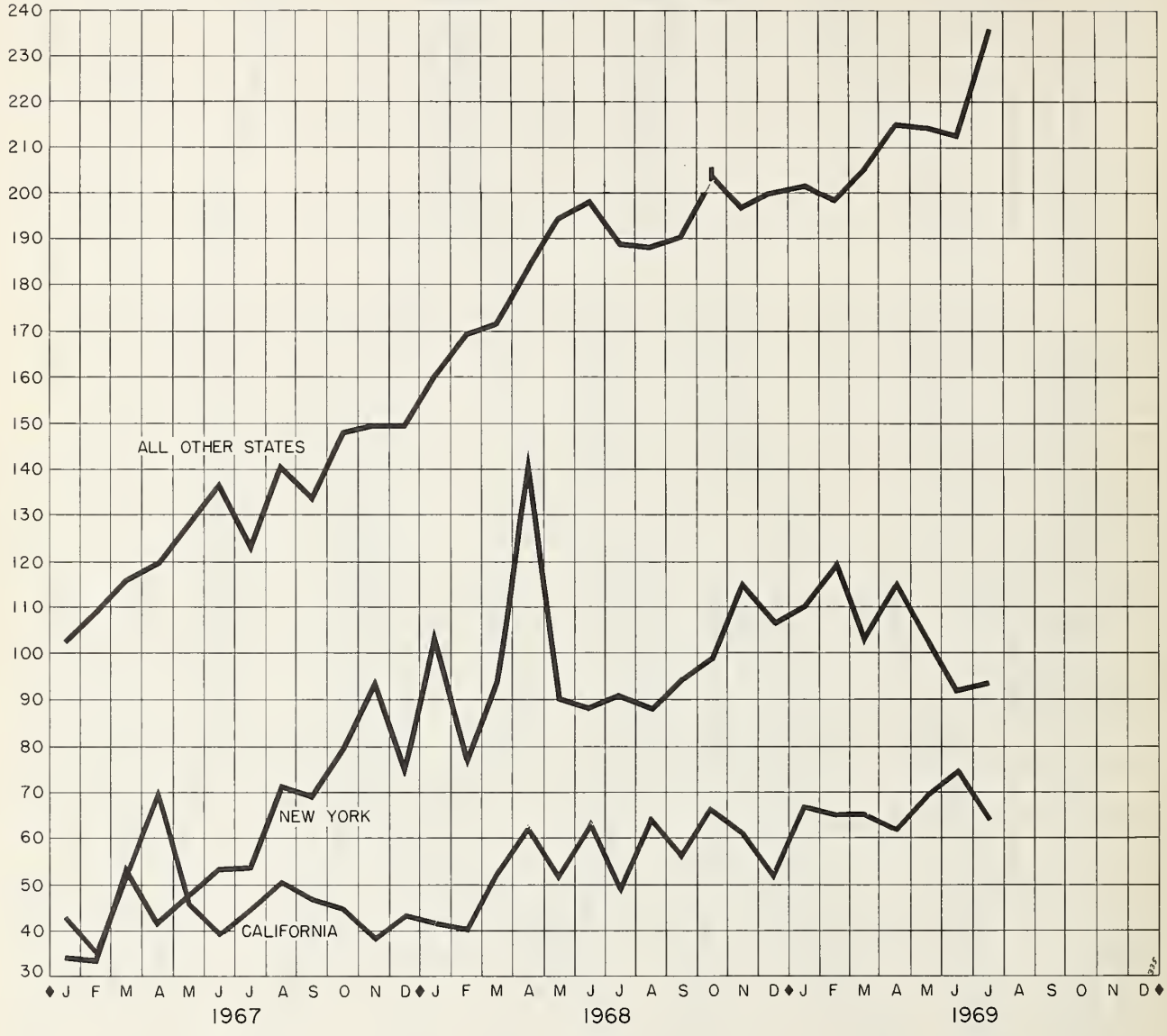
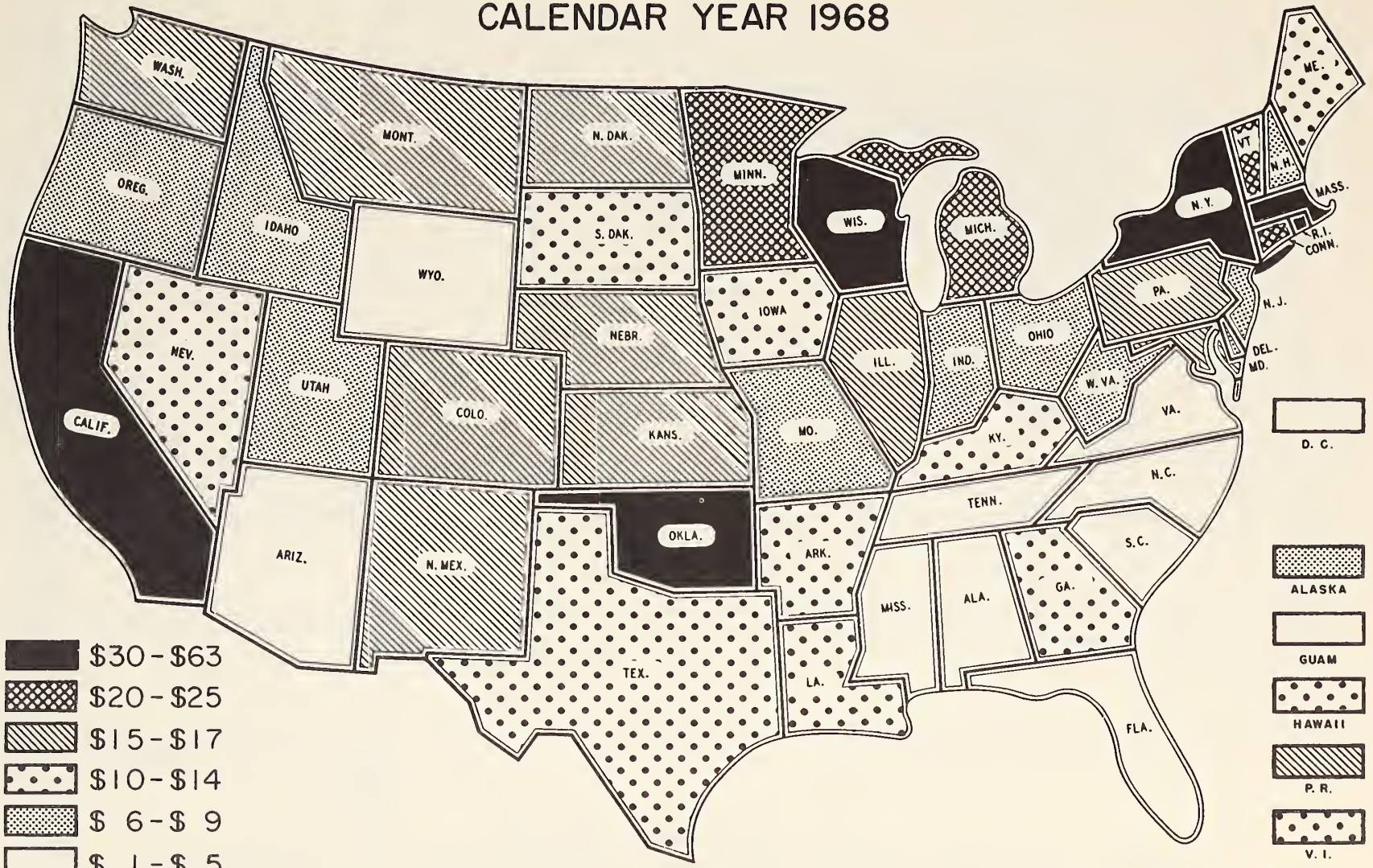


Chart II-5

EXPENDITURES PER INHABITANT FOR MEDICAL ASSISTANCE: CALENDAR YEAR 1968



HEW-SRS-NCSS No. 420

Chart II-6

PUBLIC ASSISTANCE: VENDOR PAYMENTS FOR MEDICAL CARE, BY BASIS OF ELIGIBILITY, SELECTED MONTHS, 1967–1969

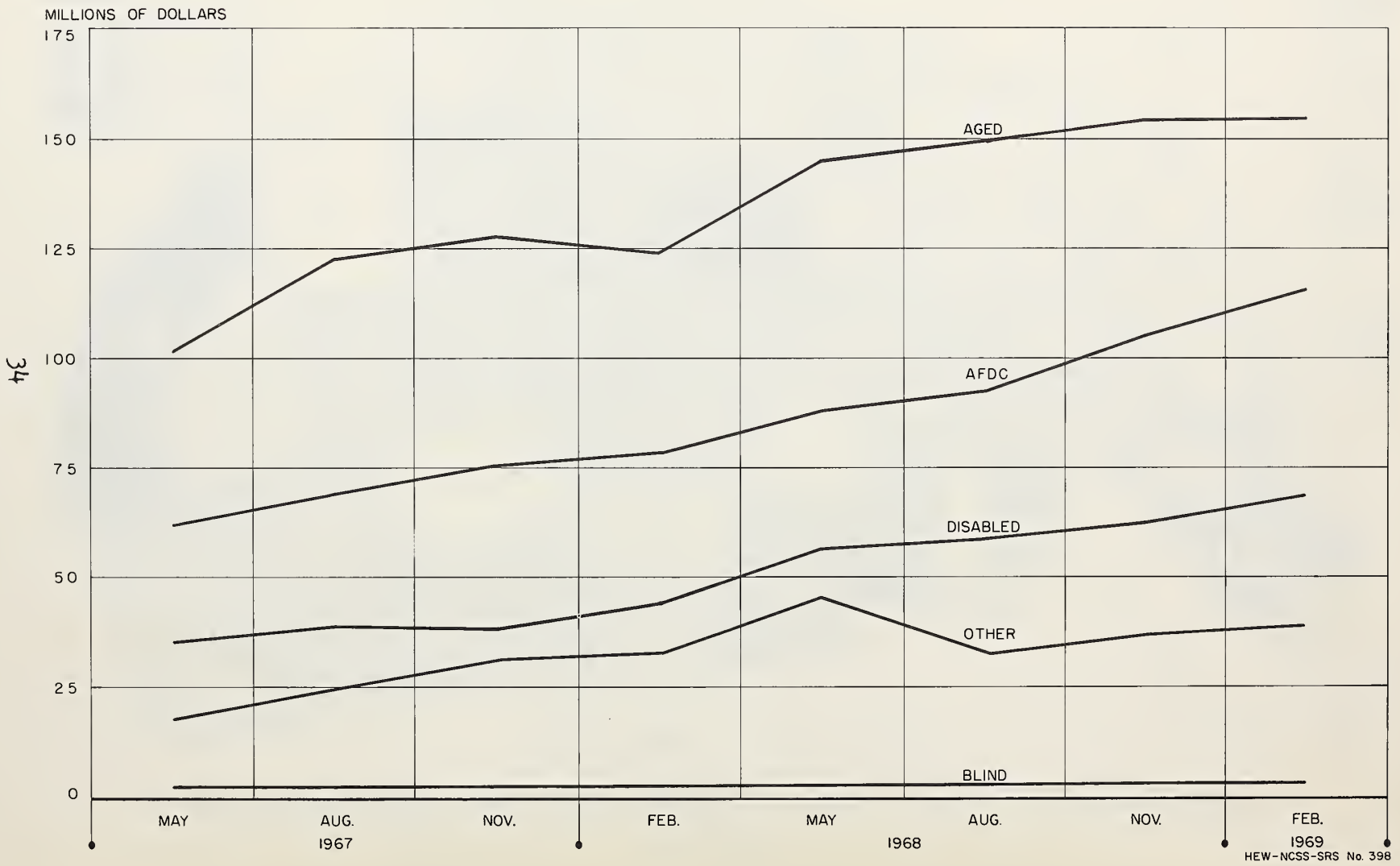
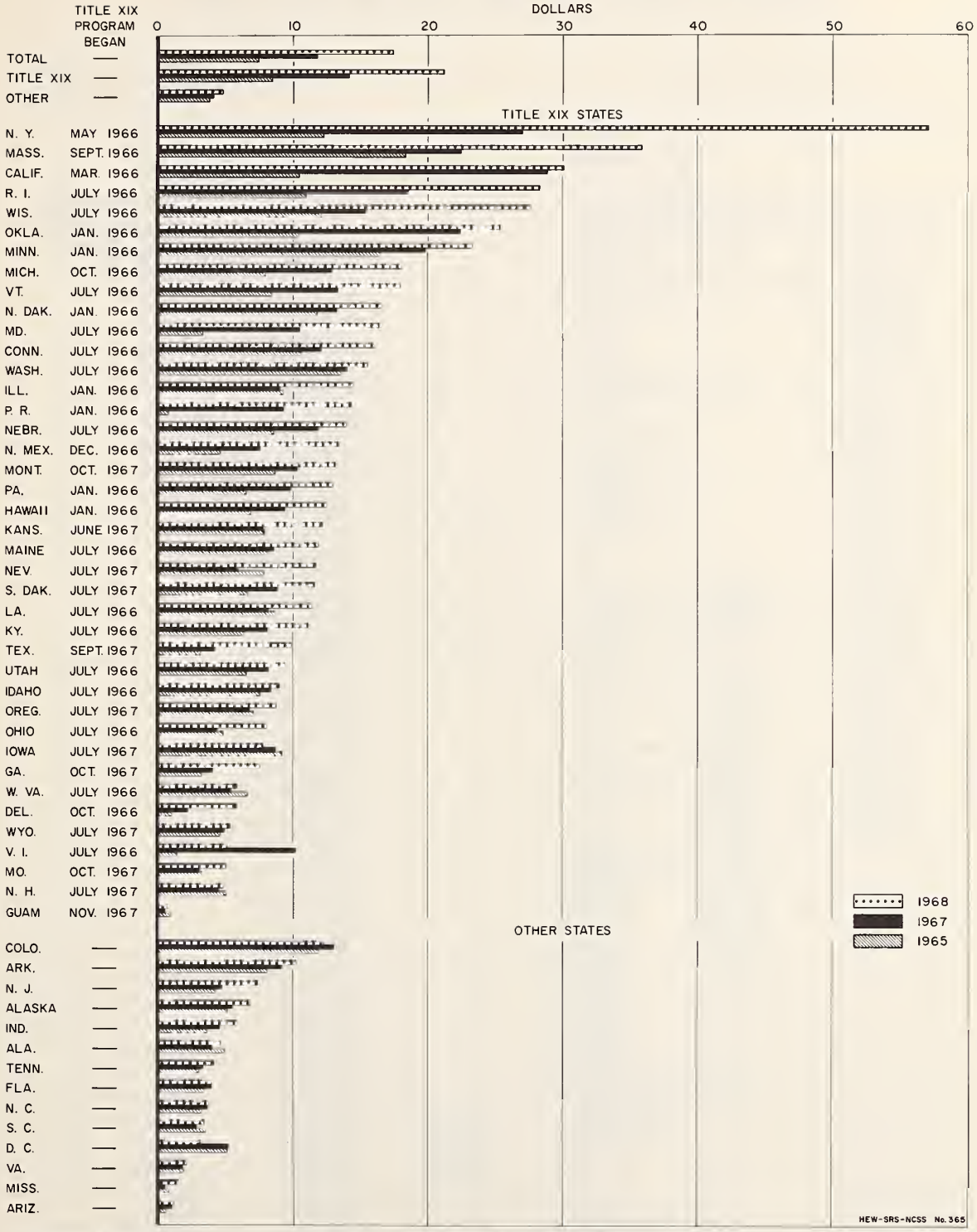


Chart II-7

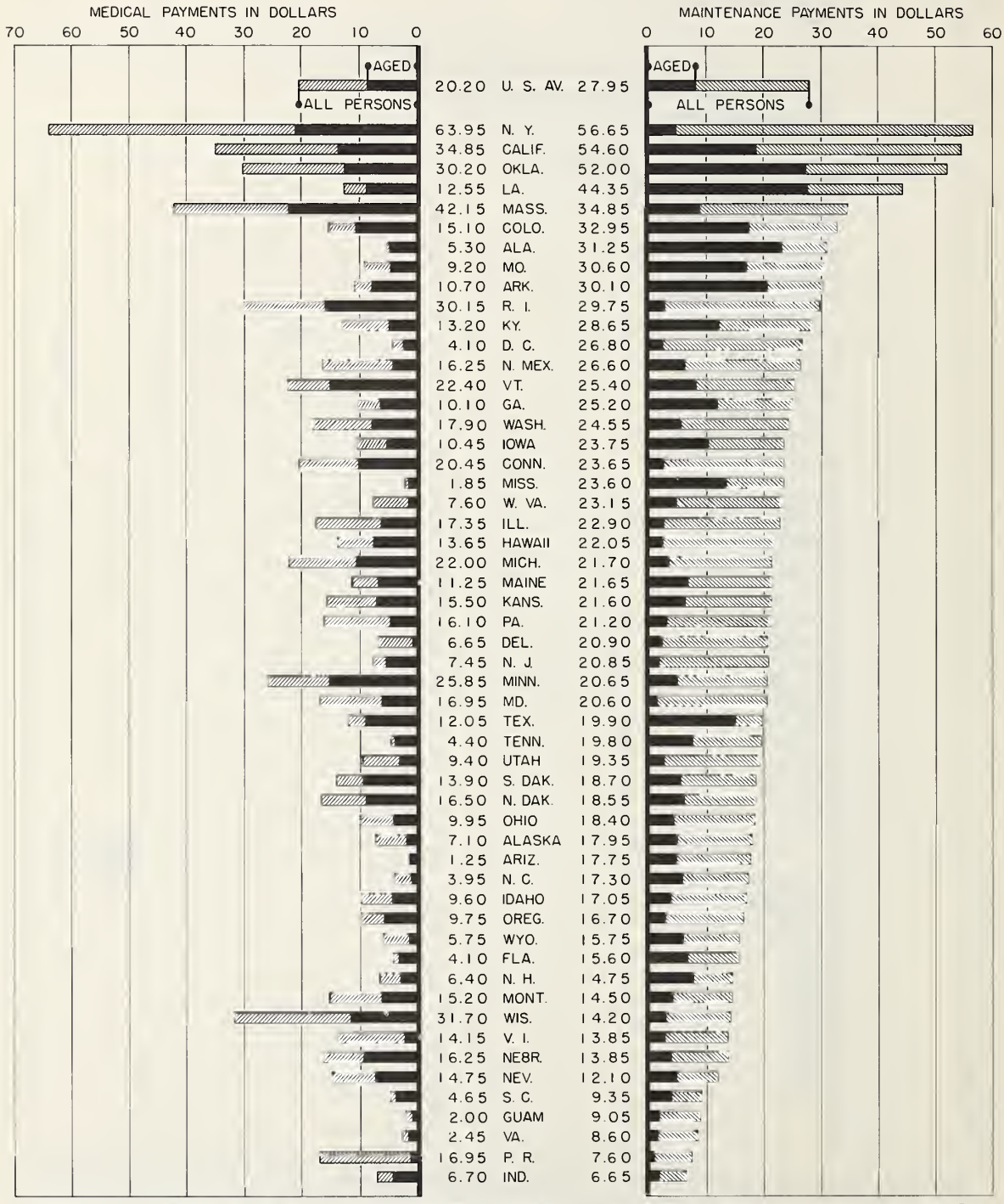
EXPENDITURES PER INHABITANT FOR MEDICAL ASSISTANCE, 1/ FISCAL YEARS 1968 2/ AND 1967, AND CALENDAR YEAR 1965



1/ INCLUDES EXPENDITURES FOR PAYMENTS MADE DIRECTLY TO MEDICAL VENDORS AND FOR MONTHLY PREMIUMS OR PER CAPITA PAYMENTS INTO AGENCY POOLED FUNDS, TO THE SOCIAL SECURITY ADMINISTRATION (FOR AGED PERSONS), OR TO HEALTH INSURING AGENCIES INCLUDES ALL SUCH EXPENDITURES MADE UNDER FEDERALLY-AIDED ASSISTANCE PROGRAMS AND UNDER GENERAL ASSISTANCE PROGRAMS FINANCED FROM STATE-LOCAL FUNDS. 2/ PRELIMINARY, SUBJECT TO REVISION.

Chart II-8

PUBLIC ASSISTANCE: EXPENDITURES PER INHABITANT FOR MAINTENANCE ASSISTANCE AND FOR MEDICAL ASSISTANCE, TOTAL AMOUNT AND AMOUNT FOR AGED PERSONS, CALENDAR YEAR 1968 1/

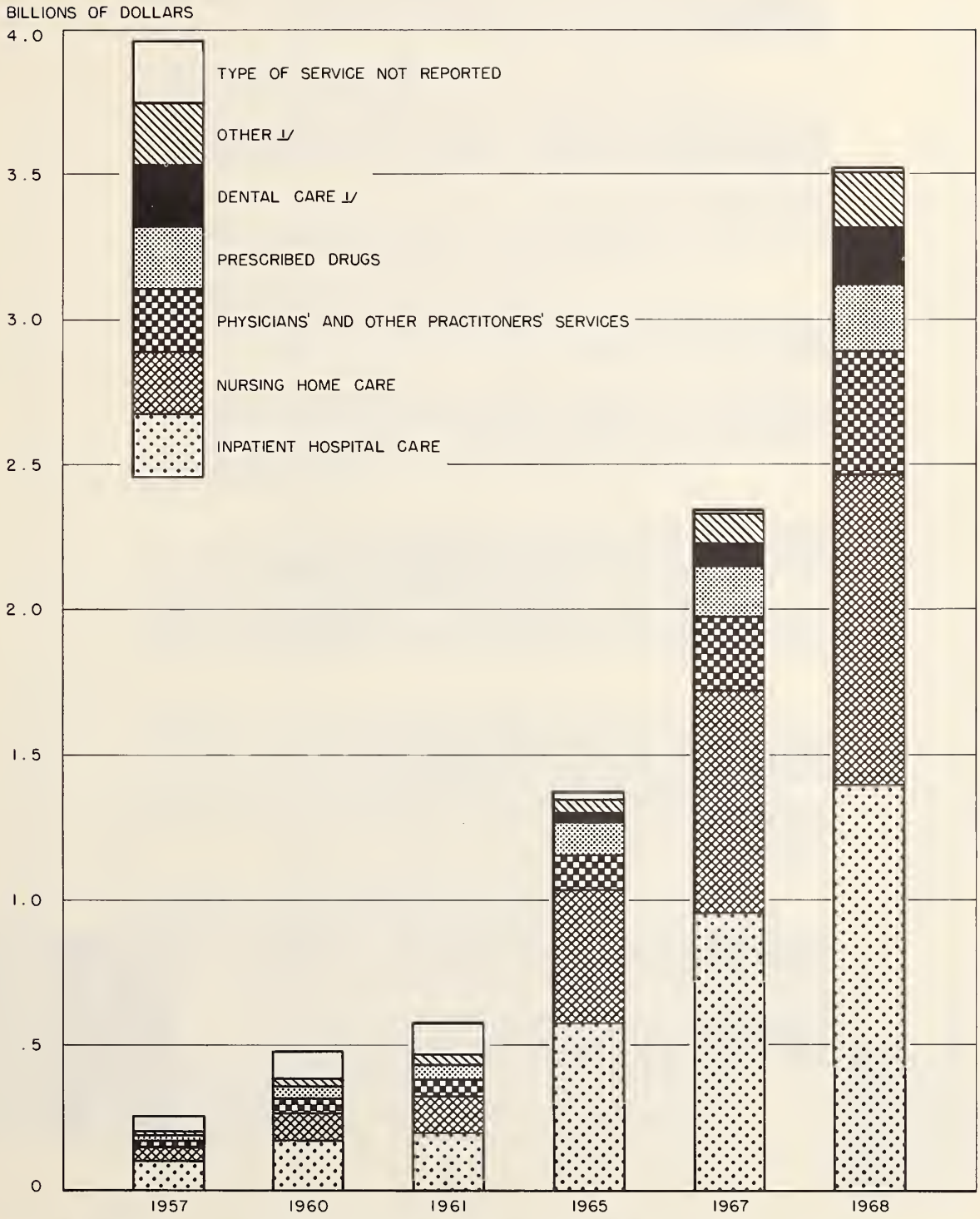


1/ BASED ON POPULATION AS OF JULY 1, 1968, ESTIMATED BY BUREAU OF THE CENSUS. INCLUDES GENERAL ASSISTANCE. AMOUNT FOR AGED ESTIMATED ON BASIS OF DATA REPORTED FOR MAY AND NOVEMBER.

HEW-SRS-NCSS No. 392

Chart II-9

PAYMENTS FOR PUBLIC ASSISTANCE VENDOR MEDICAL BILLS BY TYPE OF SERVICE, SELECTED FISCAL YEARS 1957–1968

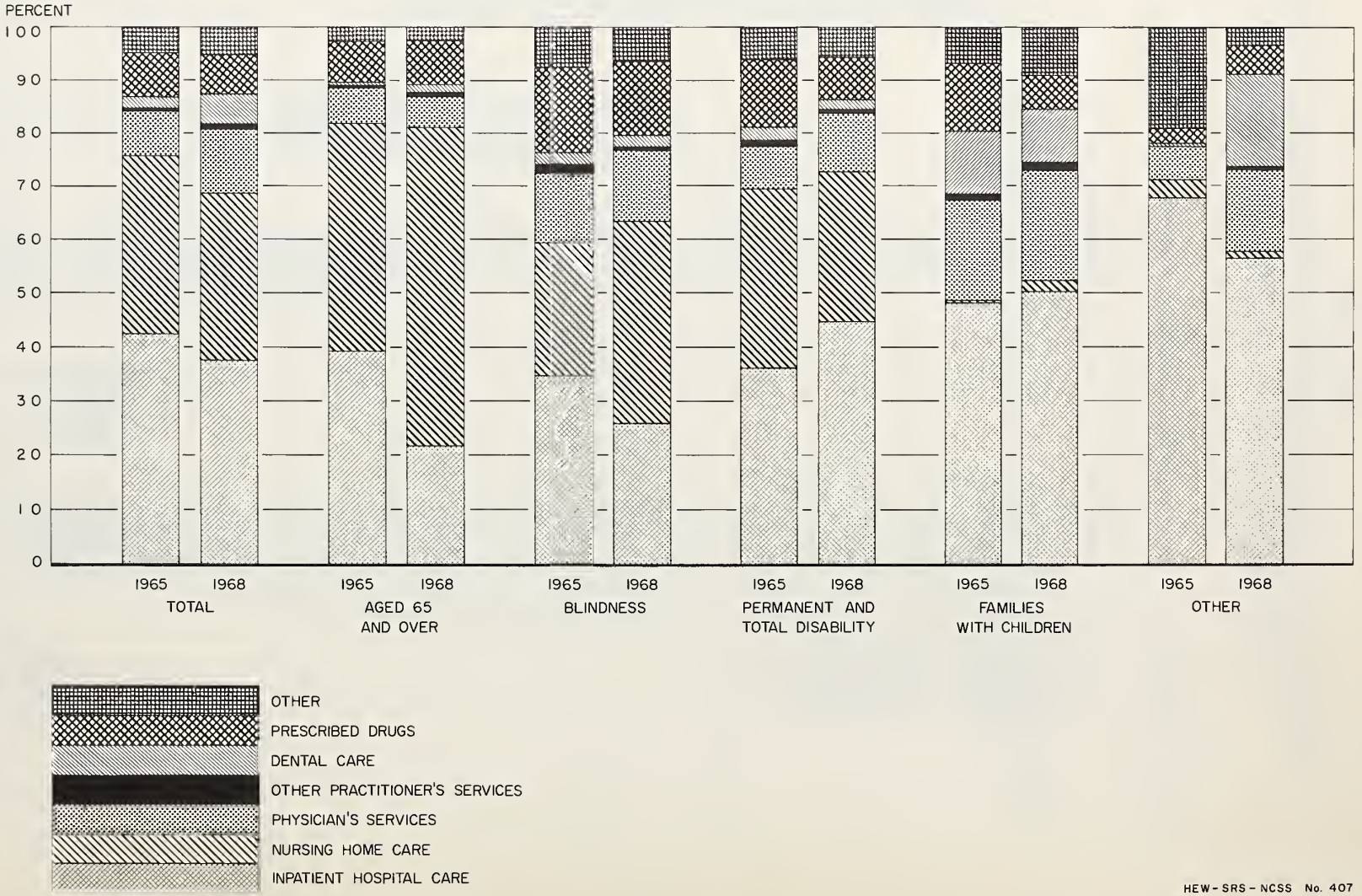


1/ FOR FISCAL YEARS 1957, 1960, AND 1961 "DENTAL CARE" INCLUDED IN "OTHER".

HEW-SRS-NCSS No. 405

Chart II-11

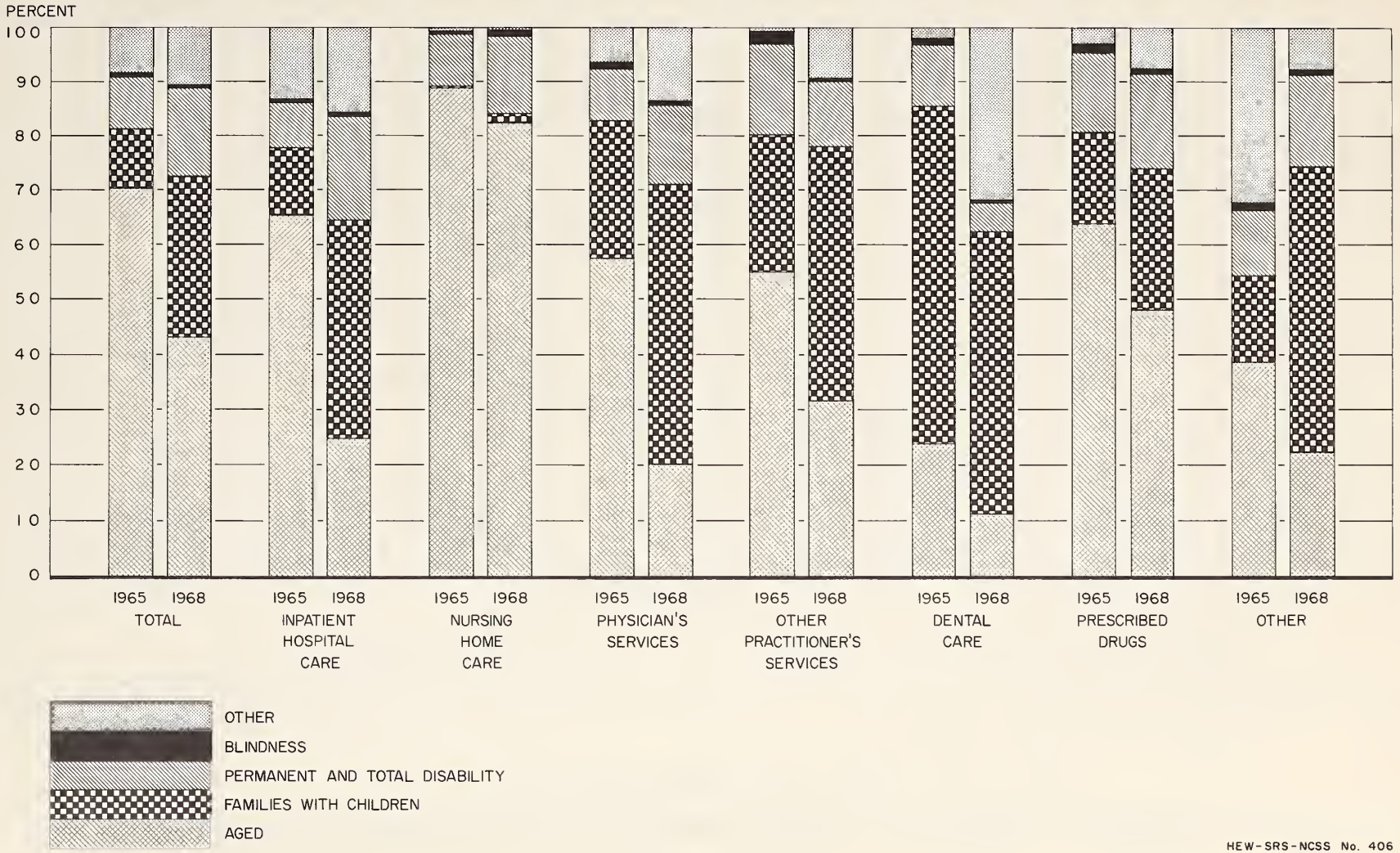
PUBLIC ASSISTANCE: PERCENTAGE DISTRIBUTION OF MEDICAL VENDOR PAYMENTS FOR EACH SPECIFIED GROUP OF RECIPIENTS, BY TYPE OF SERVICE, CALENDAR YEARS 1965 AND 1968



HEW - SRS - NCSS No. 407

Chart II-12

PUBLIC ASSISTANCE: PERCENTAGE DISTRIBUTION OF EXPENDITURES FOR SPECIFIED TYPES OF MEDICAL SERVICES, BY BASIS OF RECIPIENTS' ELIGIBILITY, CALENDAR YEARS 1965 AND 1968



HEW-SRS-NCSS No. 406

Chart III-1

NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS, BY BASIS OF ELIGIBILITY, SELECTED MONTHS, 1967–1969

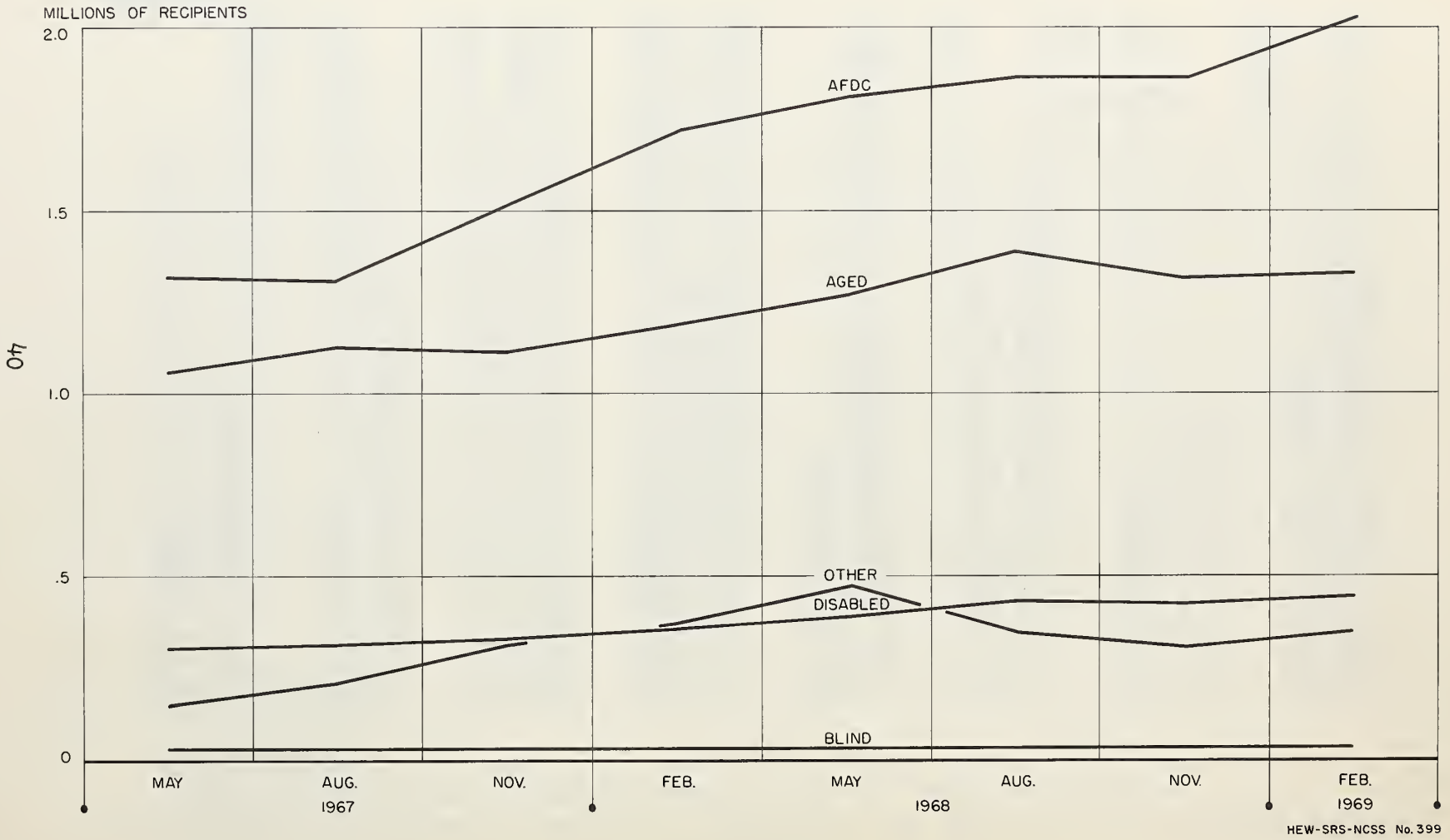
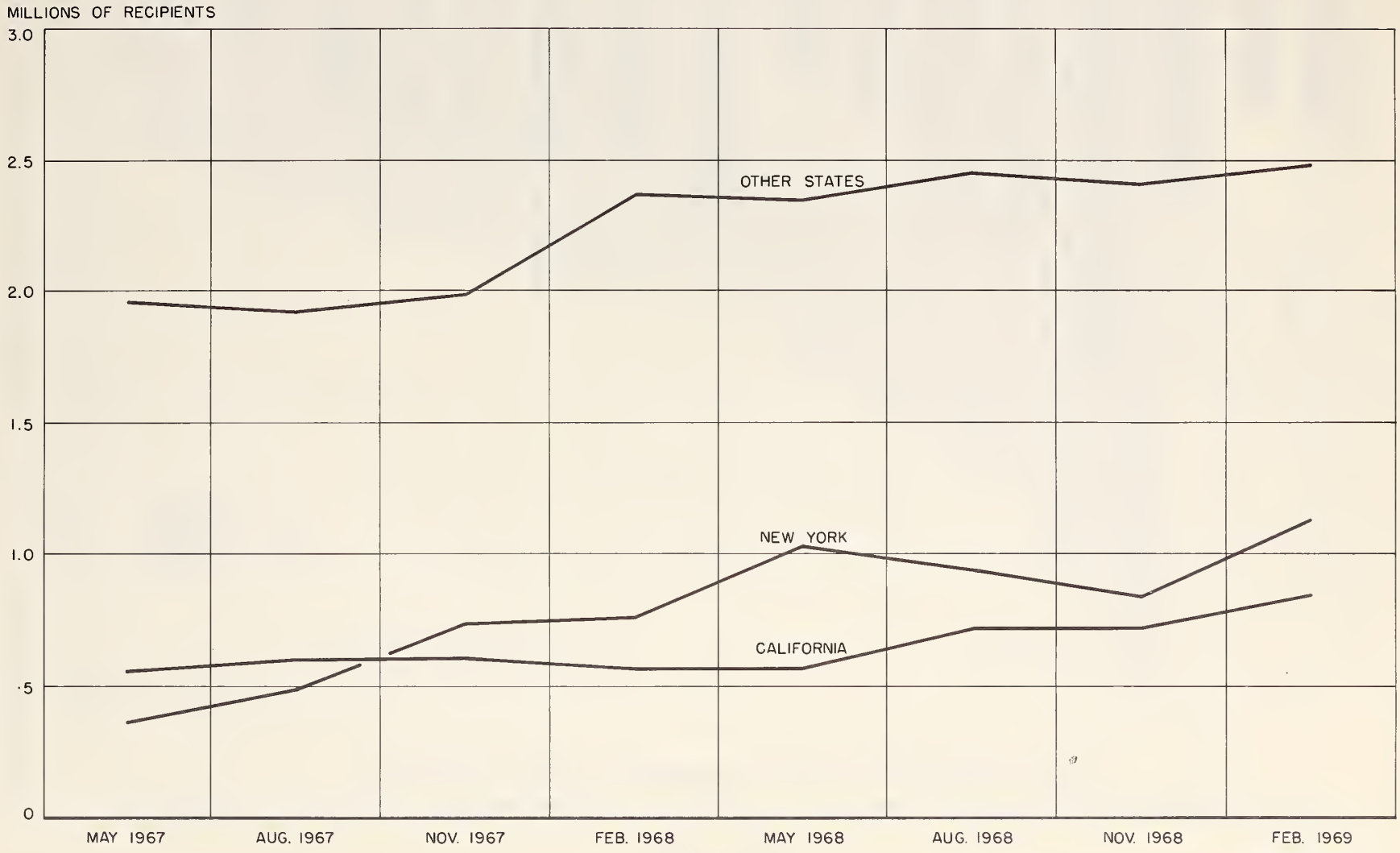


Chart III-2

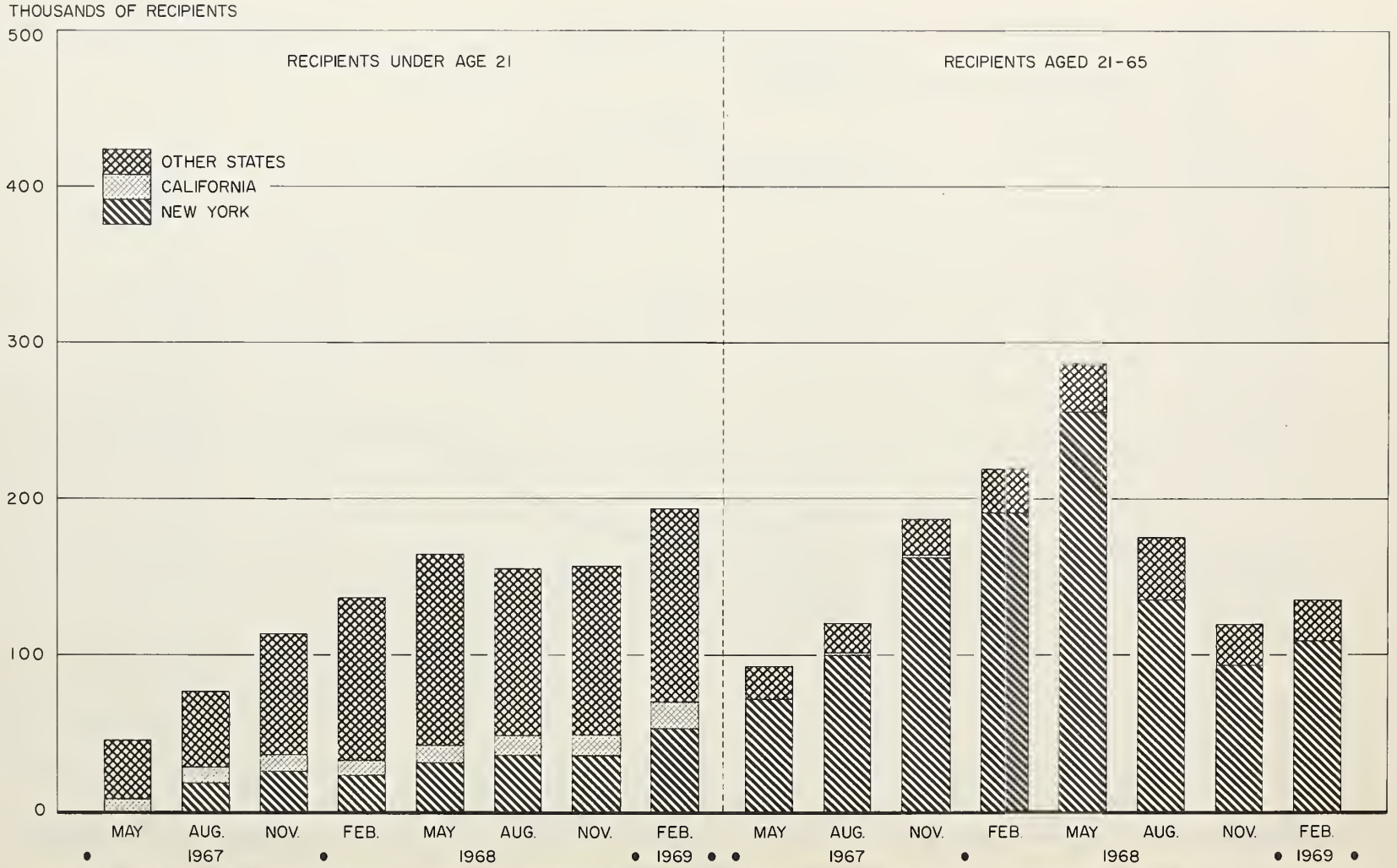
NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS MADE TO VENDORS DIRECTLY OR THROUGH FISCAL AGENT, SELECTED STATES AND MONTHS, MAY 1967—FEBRUARY 1969



HEW-SRS-NCSS No. 393

Chart III-3

NUMBER OF "OTHER"1/ INDIVIDUALS ON WHOSE BEHALF MEDICAL VENDOR PAYMENTS WERE MADE, SELECTED STATES AND MONTHS, MAY 1967-FEBRUARY 1969

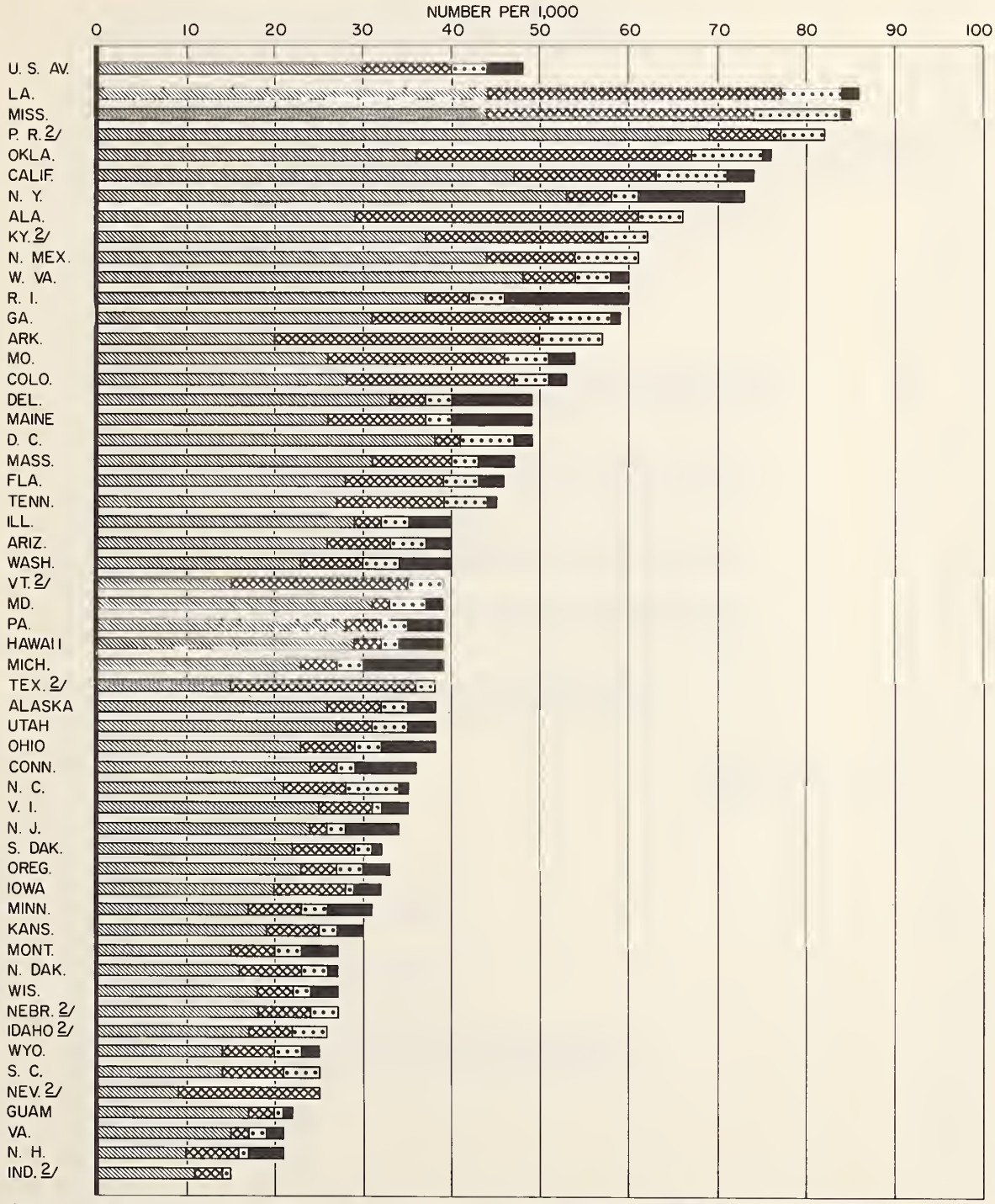


1/ THESE INDIVIDUALS ARE NOT CATEGORICALLY RELATED. FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE FOR THOSE UNDER 21 ONLY.

HEW-SRS-NCSS No. 394

Chart III-4

RECIPIENTS OF PUBLIC ASSISTANCE MONEY PAYMENTS PER 1,000 CIVILIAN POPULATION BY STATE, DECEMBER 1968 1/



1/ BASED ON CIVILIAN POPULATION AS OF JANUARY 1, 1969; ESTIMATED BY THE BUREAU OF THE CENSUS.

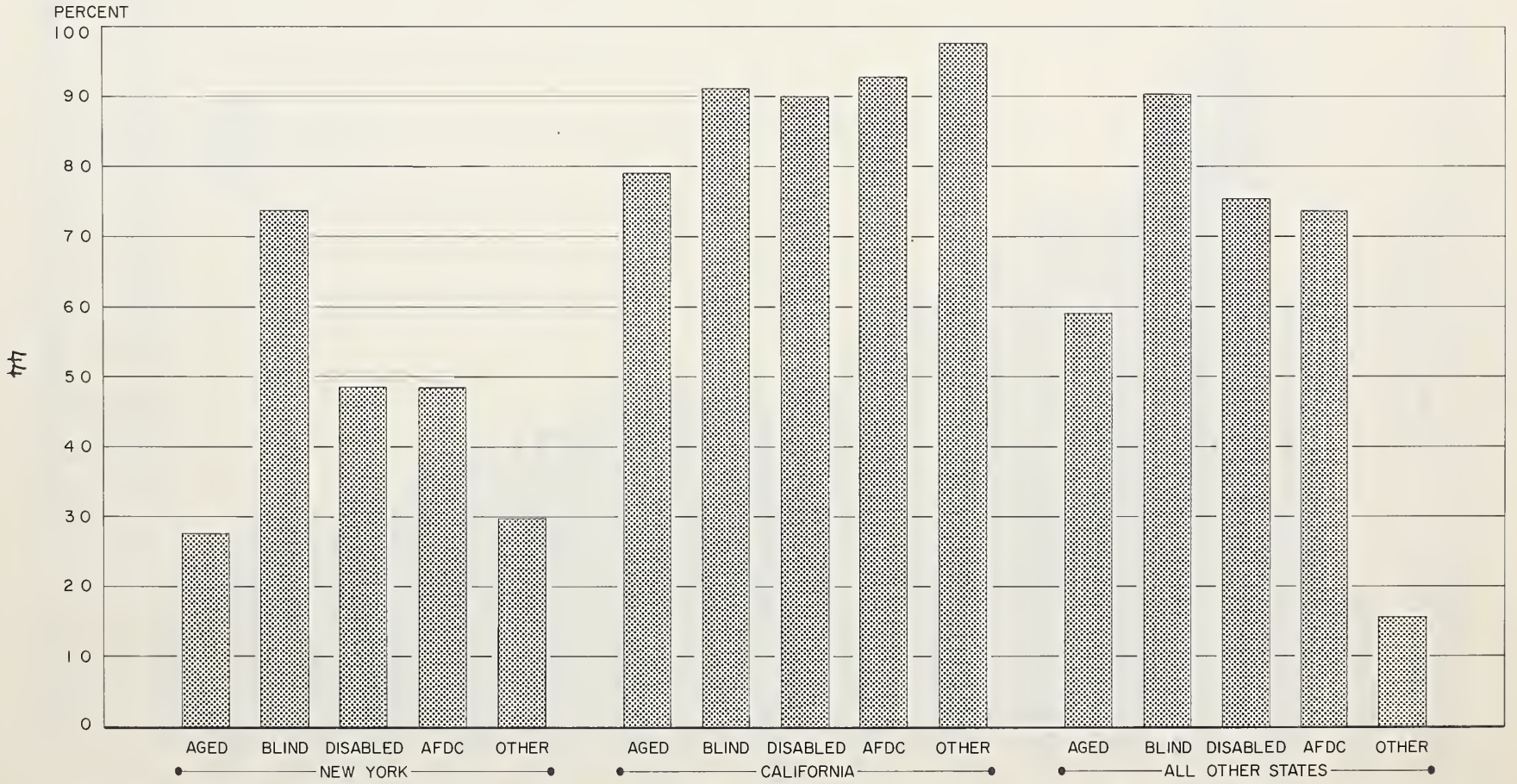
2/ DATA FOR GENERAL ASSISTANCE NOT AVAILABLE.

Legend: AFDC OAA AB and APTD GA

HEW-SRS-NCSS No. 337

Chart III-5

PERCENT OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS REPRESENTED BY PERSONS FOR WHOM MONEY PAYMENTS ALSO WERE AUTHORIZED, 1/ BY BASIS OF ELIGIBILITY, IN CALIFORNIA, NEW YORK, AND ALL OTHER STATES, CALENDAR YEAR 1968 2/



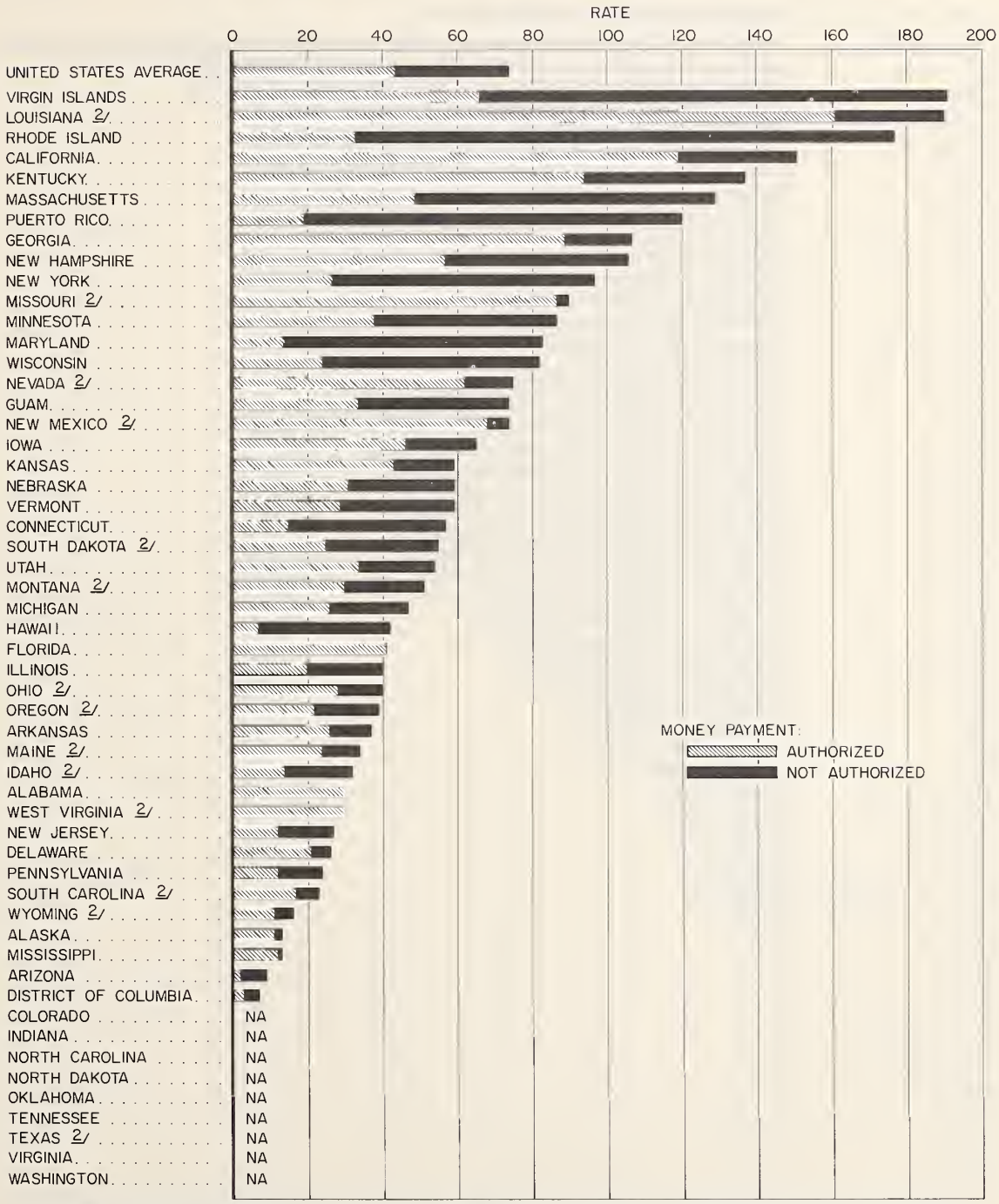
1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND, INTO SOCIAL SECURITY ADMINISTRATION SYSTEM OR TO A HEALTH-INSURING AGENCY.

2/ AVERAGE FOR MONTHS OF MAY AND NOVEMBER 1968.

HEW-SRS-NCSS No. 396

Chart III-6

MONTHLY NUMBER OF RECIPIENTS OF MEDICAL VENDOR PAYMENTS 1/ AGED 65 AND OVER PER 1,000 POPULATION AGED 65 AND OVER, BY MONEY PAYMENT STATUS AND BY STATE, CALENDAR YEAR 1968



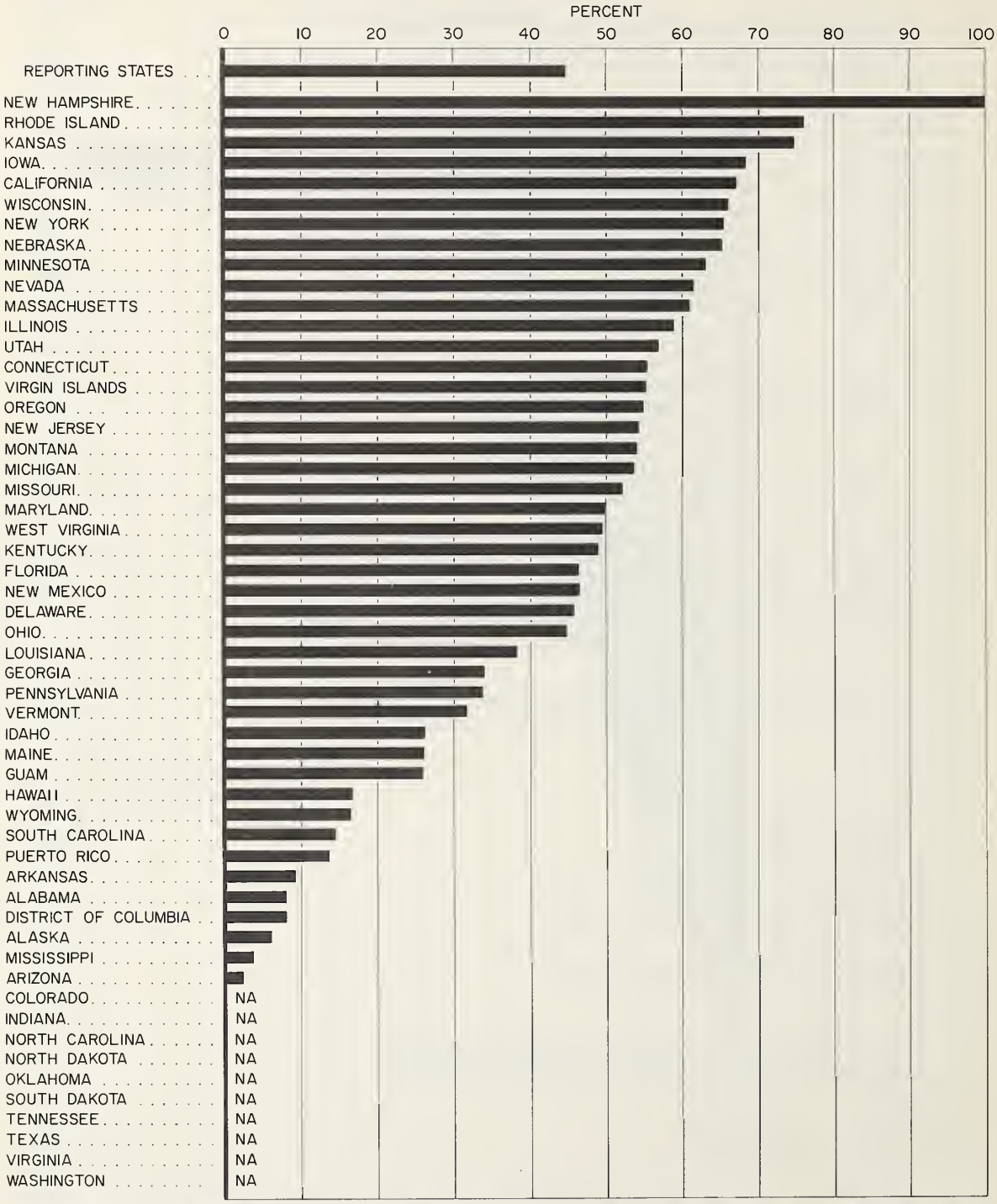
1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND, INTO SOCIAL SECURITY ADMINISTRATION SYSTEM, OR TO HEALTH-INSURING AGENCY. MONTHLY NUMBER BASED ON DATA FOR MAY AND NOVEMBER 1968.

2/ STATE COVERS CATEGORICALLY NEEDY ONLY.

HEW-SRS-NCSS No. 400

Chart III-7

PERCENT OF ALL RECIPIENTS OF OAA REPRESENTED BY AGED WHO GOT BOTH OAA AND MEDICAL VENDOR PAYMENTS, 1/ CALENDAR YEAR 1968 2/



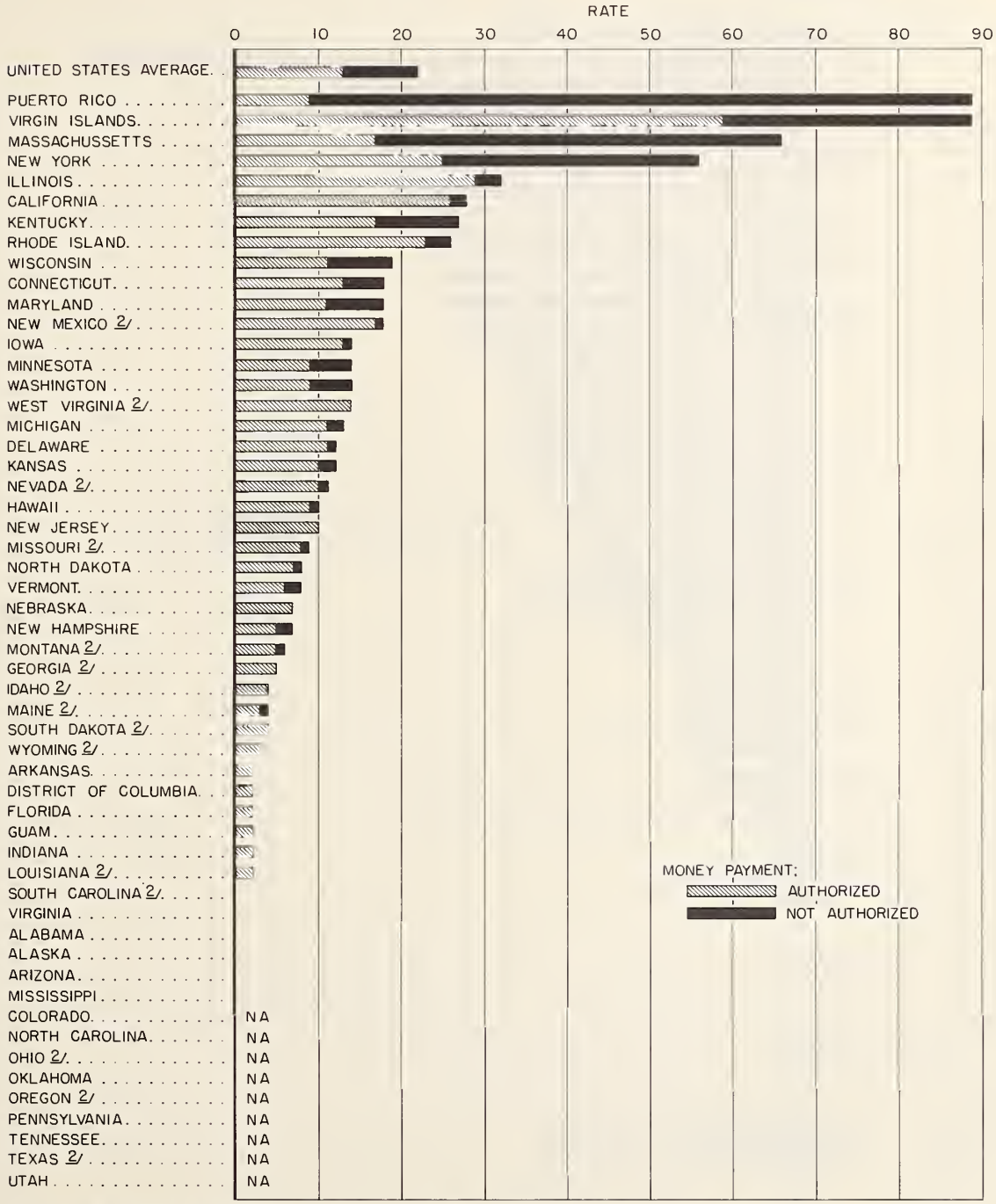
1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND, INTO SOCIAL SECURITY ADMINISTRATION SYSTEM, OR TO HEALTH-INSURING AGENCY.

2/ AVERAGE FOR MONTHS OF MAY AND NOVEMBER 1968.

HEW-SRS-NCSS No. 403

Chart III-8

MONTHLY NUMBER OF CHILD RECIPIENTS 1/ OF MEDICAL VENDOR PAYMENTS PER 1,000 POPULATION UNDER AGE 21, BY MONEY PAYMENT STATUS, CALENDAR YEAR 1968



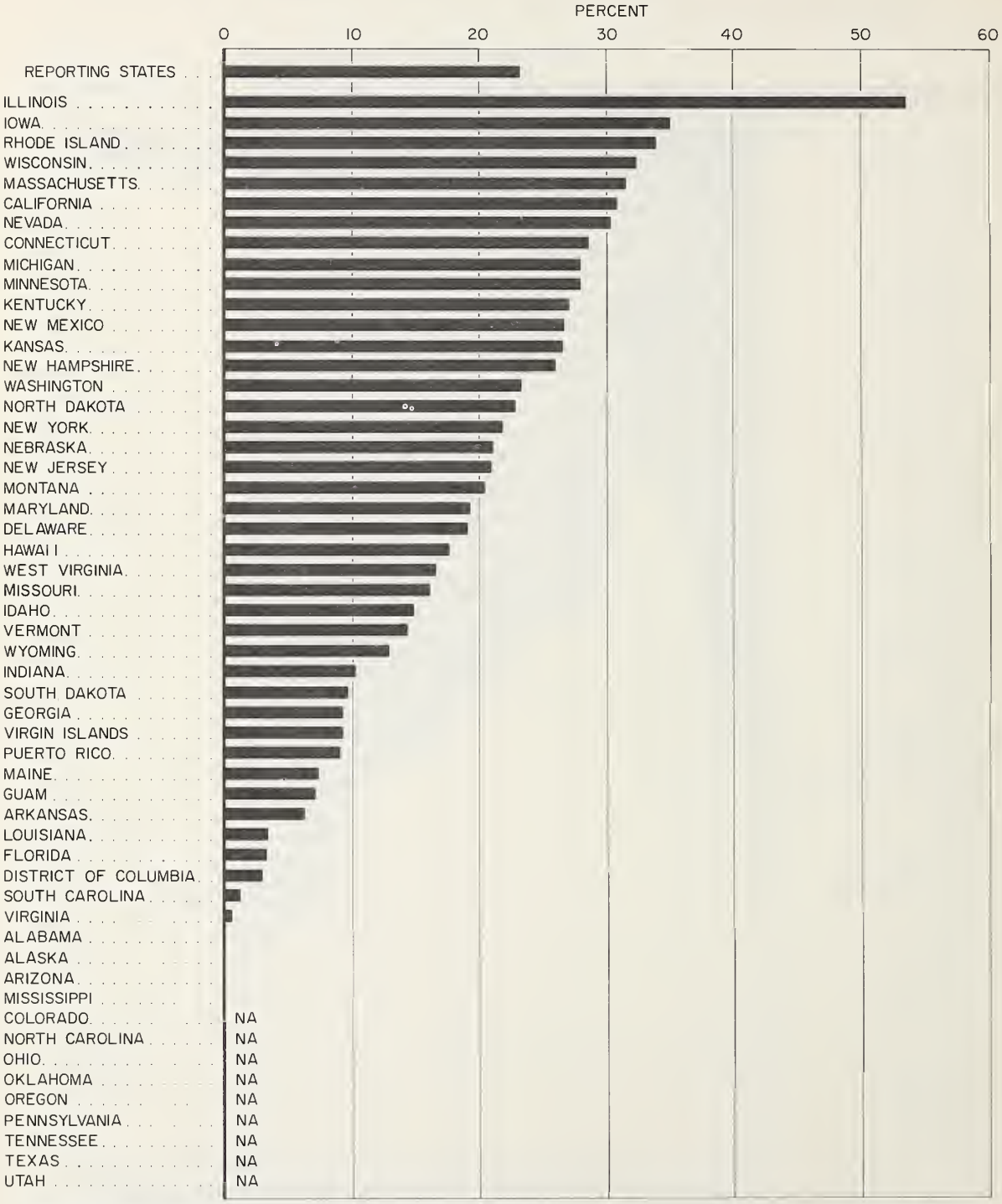
1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND OR TO HEALTH-INSURING AGENCY. MONTHLY NUMBER BASED ON DATA FOR MAY AND NOVEMBER 1968.

2/ STATE COVERS CATEGORICALLY NEEDY ONLY.

HEW-SRS-NCSS No. 401

Chart III-9

PERCENT OF CHILD RECIPIENTS OF AFDC REPRESENTED BY CHILDREN WHO GOT BOTH AFDC AND MEDICAL VENDOR PAYMENTS, 1/ CALENDAR YEAR 1968 2/



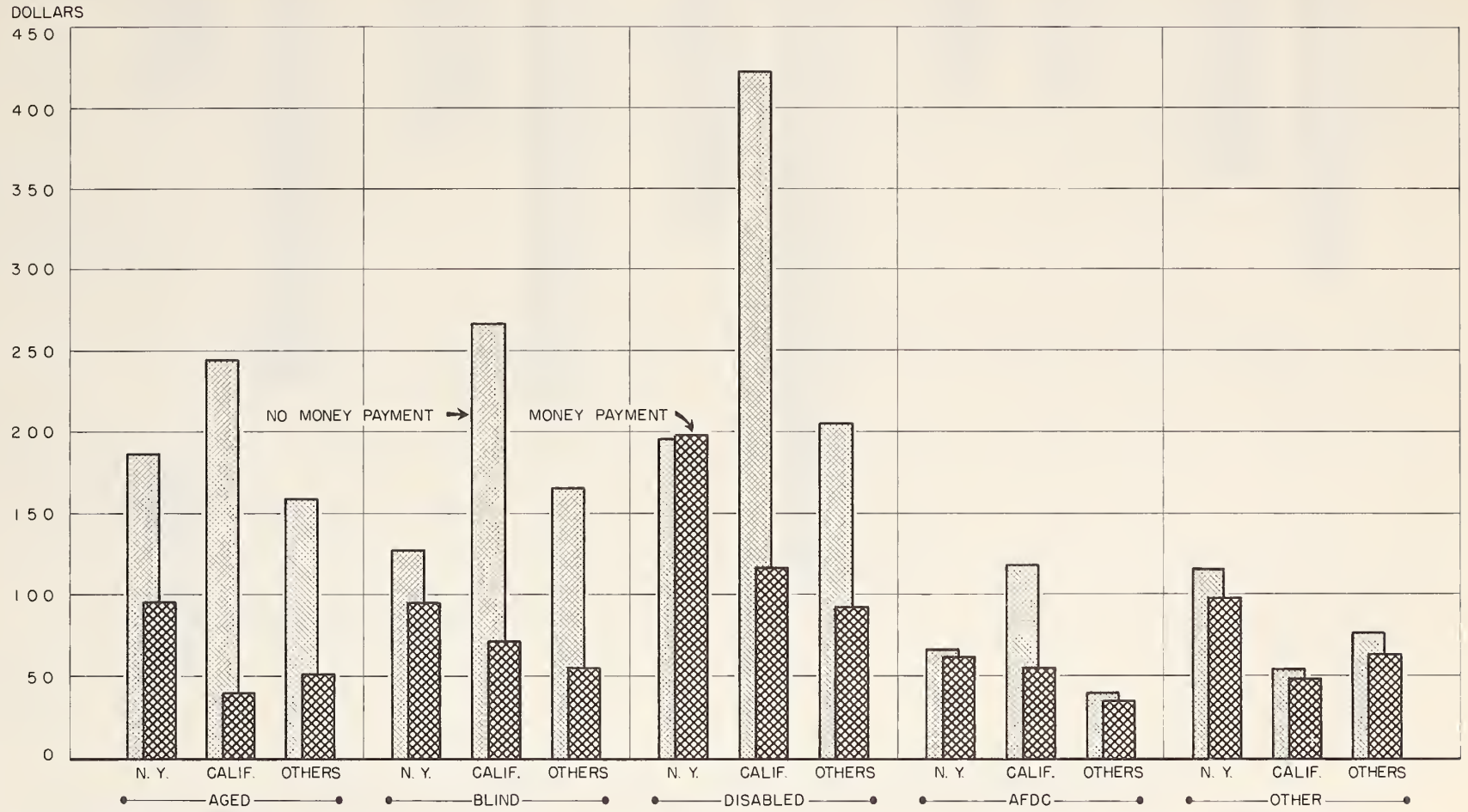
1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND OR TO A HEALTH-INSURING AGENCY.

2/ AVERAGE FOR MONTHS OF MAY AND NOVEMBER 1968.

HEW-SRS-NCSS No. 402

Chart IV-1

AVERAGE MONTHLY AMOUNT EXPENDED PER RECIPIENT 1/ FOR WHOM ONE OR MORE BILLS WERE PAID TO VENDORS FOR MEDICAL CARE, CALIFORNIA, NEW YORK, AND ALL OTHER STATES, CALENDAR YEAR 1968

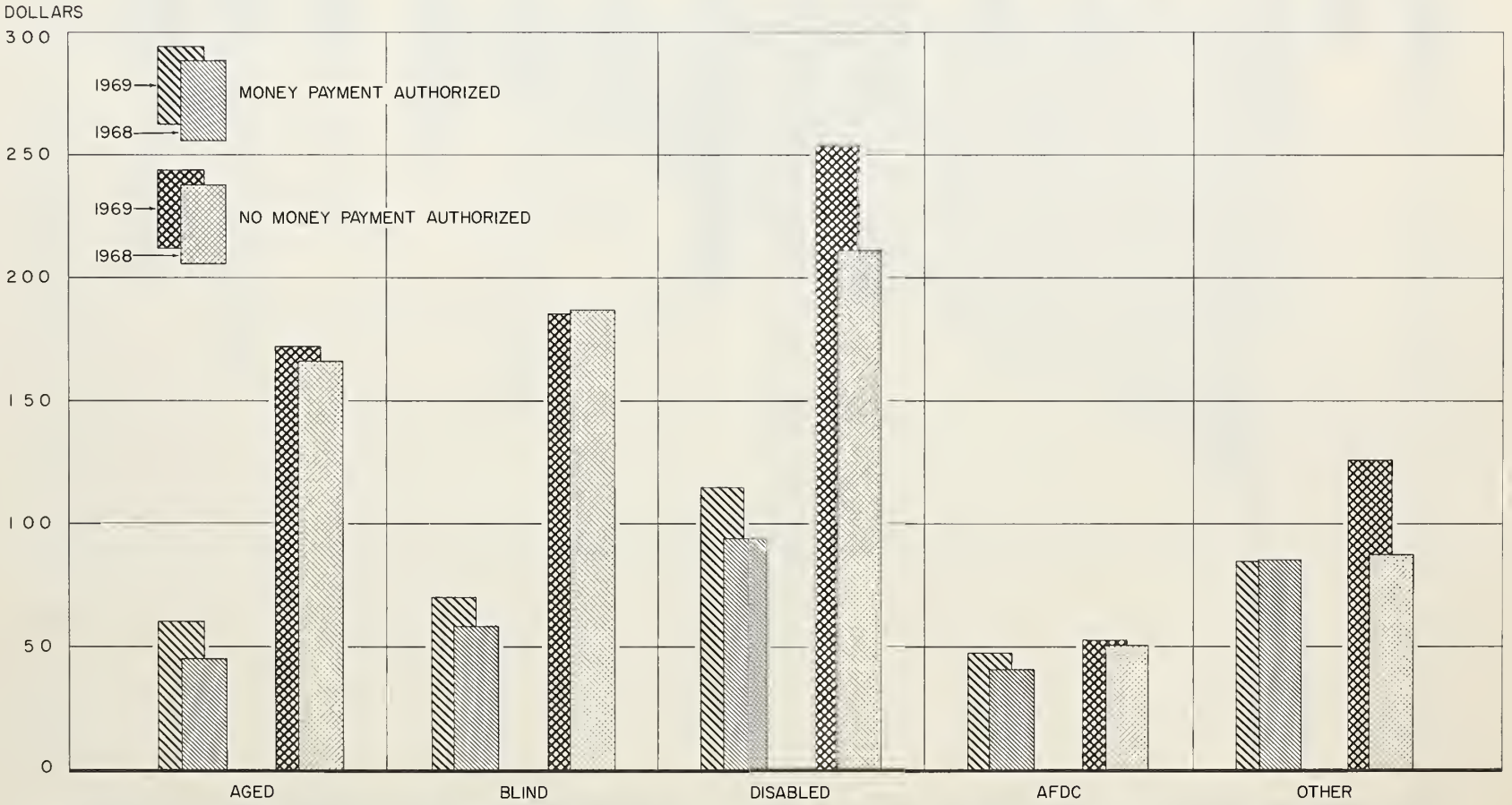


1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND, INTO SOCIAL SECURITY ADMINISTRATION SYSTEM, OR TO A HEALTH-INSURING AGENCY.

HEW-SRS-NCSS No. 395

Chart IV-2

AVERAGE MONTHLY AMOUNT EXPENDED PER RECIPIENT 1/ FOR WHOM ONE OR MORE BILLS WERE PAID TO VENDORS FOR MEDICAL CARE, FEBRUARY 1968 AND FEBRUARY 1969



1/ DOES NOT INCLUDE RECIPIENTS FOR WHOM THE ONLY PAYMENT MADE WAS A PREMIUM OR PER CAPITA PAYMENT INTO AGENCY POOLED FUND, SOCIAL SECURITY ADMINISTRATION SYSTEM, OR A HEALTH-INSURING AGENCY.

HEW-SRS-NCSS No. 397

Table I-1

Average monthly amounts of payments for medical assistance, selected months of 1968 1/

Basis of eligibility	Average monthly amounts of payments for medical assistance									
	Total		Payments made direct to vendor						Premium or per capita payments made	
			Total		Money payments authorized		Money payment not authorized			
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	All States									
Total	2/ $328,009,000	100.0	3/ $312,115,000	100.0	$139,620,000	100.0	3/ $172,492,000	100.0	4/ $15,894,000	100.0
Age 65 or over	143,032,000	43.7	133,314,000	42.8	40,060,000	28.7	93,251,000	54.2	9,720,000	64.2
Blindness	2,631,000	.8	2,460,000	.8	1,838,000	1.3	622,000	.4	171,000	1.1
Permanent and total disability	54,922,000	16.8	53,571,000	17.2	32,722,000	23.4	20,849,000	12.1	1,351,000	8.9
Membership in family with dependent children under 21	90,942,000	27.8	87,046,000	27.9	56,851,000	40.7	30,196,000	17.5	3,896,000	25.7
Other title XIX recipients	35,395,000	10.8	35,388,000	11.4	8,152,000	5.8	27,236,000	15.9	7,400	(5/)
	Title XIX States									
Total	2/ $308,036,000	100.0	3/ $295,884,000	100.0	$128,351,000	100.0	3/ $167,530,000	100.0	4/ $12,152,000	100.0
Age 65 or over	128,709,000	41.9	121,549,000	41.1	32,591,000	25.4	88,956,000	53.2	7,161,000	62.8
Blindness	2,407,000	.8	2,254,000	.8	1,646,000	1.3	609,000	.4	152,000	1.3
Permanent and total disability	51,796,000	16.9	50,929,000	17.2	30,550,000	23.8	20,380,000	12.2	867,000	7.6
Membership in family with dependent children under 21	88,642,000	28.9	85,427,000	28.9	55,416,000	43.2	30,012,000	18.0	3,215,000	28.2
Other title XIX recipients	35,395,000	11.5	35,388,000	12.0	8,152,000	6.4	27,236,000	16.3	7,400	.1
	Other States									
Total	$19,972,000	100.0	$16,231,000	100.0	$11,269,000	100.0	$4,962,000	100.0	$3,742,000	100.0
Age 65 or over	14,324,000	71.7	11,765,000	72.5	7,469,000	66.3	4,296,000	86.6	2,559,000	68.4
Blindness	224,000	1.1	205,000	1.3	192,000	1.7	13,000	.3	18,900	.5
Permanent and total disability	3,126,000	15.7	2,642,000	16.3	2,173,000	19.3	469,000	9.5	484,000	12.9
Membership in family with dependsnt children under 21	2,299,000	11.5	1,619,000	10.0	1,436,000	12.7	184,000	3.7	680,000	18.2

1/ Data represent averages for February, May, August, and November 1968; does not include expenditures from State-local general assistance funds.
2/ Includes $1,089,000 not distributed by basis of eligibility.
3/ Includes $339,000 not distributed by basis of eligibility.
4/ Includes $750,000 not distributed by basis of eligibility.
5/ Less than 0.05 percent.

Note: Data represent averages and percents computed on rounded State data. Totals may not equal sums of parts.

See also tables 11E and 12E

Table I-2

Average monthly number of recipients of medical assistance, selected months of 1968 1/

Basis of eligibility	Average monthly number of recipients of medical assistance									
	Total		Payments made direct to vendor						Premium or per capita payments made	
			Total		Money payments authorized		Money payment not authorized			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	All States									
Total	5,416,000	100.0	2/ 3,968,000	100.0	2,508,000	100.0	2/ 1,460,000	100.0	1,983,000	100.0
Age 65 or over	2,192,000	40.5	1,322,000	33.3	786,000	31.3	535,000	36.6	1,391,000	70.1
Blindness	43,900	.8	33,200	.8	29,900	1.2	3,400	.2	14,500	.7
Permanent and total disability	482,000	8.9	400,000	10.1	309,000	12.3	92,000	6.3	84,400	4.3
Membership in family with dependent children under 21	2,324,000	42.9	1,837,000	46.3	1,284,000	51.2	553,000	37.9	492,000	24.8
Other title XIX recipients	375,000	6.9	374,000	9.4	98,200	3.9	276,000	18.9	1,000	.1
	Title XIX States									
Total	4,644,000	100.0	2/ 3,740,000	100.0	2,320,000	100.0	2/ 1,421,000	100.0	1,356,000	100.0
Age 65 or over	1,817,000	39.1	1,193,000	31.9	691,000	29.8	502,000	35.3	1,068,000	78.8
Blindness	38,100	.8	30,200	.8	27,000	1.2	3,200	.2	10,900	.8
Permanent and total disability	410,000	8.8	372,000	9.9	282,000	12.2	90,000	6.3	41,300	3.0
Membership in family with dependent children under 21	2,003,000	43.1	1,770,000	47.4	1,220,000	52.6	549,000	38.7	234,000	17.3
Other title XIX recipients	375,000	8.1	374,000	10.0	98,200	4.2	276,000	19.4	1,000	.1
	Other States									
Total	772,000	100.0	228,000	100.0	188,000	100.0	38,900	100.0	628,000	100.0
Age 65 or over	374,000	48.4	128,000	56.1	95,000	50.5	33,400	85.9	322,000	51.3
Blindness	5,800	.8	3,000	1.3	3,000	1.6	94	.2	3,600	.6
Permanent and total disability	71,200	9.2	28,900	12.7	26,900	14.3	2,000	5.1	43,200	6.9
Membership in family with dependent children under 21	320,000	41.5	67,400	29.6	63,900	34.0	3,500	9.0	258,000	41.1

1/ Data represent averages for February, May, August, and November 1968. Does not include individuals aided from State-local general assistance funds.
2/ Includes 1,500 recipients not distributed by basis of eligibility.

Note: Data represent averages and percents computed on rounded State data. Totals may not equal sums of parts.

Table I-3

Number of recipients on whose behalf payments were made to medical vendors and average amount paid per recipient, selected months of 1968

Basis of eligibility of recipients	Number of recipients on whose behalf medical bills were paid						Average monthly amount of bills paid per recipient			
	Total	Recipients for whom money payments were authorized			Recipients for whom money payments were not authorized		All recipients	Recipients for whom money payments were--		
		Number	Percent of--		Number	Percent of total recipients whose medical bills were paid		Authorized	Not authorized	
			Total money payment recipients 1/	Total recipients whose medical bills were paid					Amount	Ratio to average paid on behalf of money payments recipients
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
All recipients:										
February 1968	2/ 3,749,000	2,328,000	27.1	62.1	2/ 1,420,000	37.9	$71.55	$49.55	$107.65	2.2
May 1968	4,074,000	2,510,000	28.8	61.6	1,565,000	38.4	77.45	55.45	112.65	2.0
August 1968	4,095,000	2,630,000	29.6	64.2	1,465,000	35.8	78.45	56.50	117.95	2.1
November 1968	3,956,000	2,563,000	28.1	64.8	1,391,000	35.2	86.80	60.60	135.15	2.2
Average	3,968,000	2,508,000	28.4	63.2	1,460,000	36.8	78.55	55.55	118.35	2.1
Age 65 or over:										
February 1968	1,254,000	761,000	37.0	60.7	494,000	39.4	92.00	44.25	165.35	3.7
May 1968	1,327,000	802,000	39.7	60.4	524,000	39.5	100.70	50.85	177.15	3.5
August 1968	1,389,000	818,000	40.5	58.9	571,000	41.1	100.20	51.60	171.00	3.3
November 1968	1,316,000	765,000	37.8	58.1	551,000	41.9	109.75	56.95	183.00	3.2
Average	1,322,000	786,000	38.8	59.5	535,000	40.5	100.80	50.90	174.15	3.4
Blindness:										
February 1968	32,900	30,000	36.5	91.2	3,100	9.4	70.05	57.55	186.45	3.2
May 1968	33,000	29,700	36.6	90.0	3,400	10.3	79.20	65.15	200.00	3.1
August 1968	35,600	32,100	40.1	90.2	3,400	9.6	70.70	59.60	177.65	3.0
November 1968	31,400	27,900	34.8	88.9	3,500	11.1	76.55	63.75	178.85	2.8
Average	33,200	29,900	37.0	90.1	3,400	10.1	74.10	61.50	185.75	3.0
Permanent and total disability:										
February 1968	360,000	286,000	43.7	79.4	75,000	20.8	118.10	93.60	210.05	2.2
May 1968	393,000	306,000	45.9	77.9	87,300	22.2	139.50	108.65	246.95	2.3
August 1968	430,000	331,000	48.7	77.0	98,800	23.0	133.10	106.50	222.60	2.1
November 1968	421,000	314,000	45.0	74.6	107,000	25.4	141.85	113.40	225.20	2.0
Average	401,000	309,000	45.8	77.2	92,000	22.8	133.15	105.55	226.20	2.2
Membership in family with dependent children under 21:										
February 1968	1,722,000	1,175,000	21.3	68.2	548,000	31.8	43.20	39.70	50.70	1.3
May 1968	1,855,000	1,272,000	22.7	68.6	584,000	31.5	45.50	43.75	49.15	1.1
August 1968	1,887,000	1,335,000	23.4	70.7	553,000	29.3	47.45	45.65	51.70	1.1
November 1968	1,884,000	1,356,000	22.8	72.0	526,000	27.9	53.05	47.35	67.90	1.4
Average	1,837,000	1,284,000	22.6	69.9	553,000	30.1	47.30	44.10	54.85	1.2
Other title XIX recipients:										
February 1968	374,000	78,600	(3/)	21.0	296,000	79.1	86.45	83.80	87.00	1.0
May 1968	464,000	99,100	(3/)	21.4	365,000	78.7	86.35	76.70	88.95	1.2
August 1968	354,000	115,000	(3/)	32.5	238,000	67.2	91.05	71.85	100.75	1.4
November 1968	305,000	100,000	(3/)	32.8	204,000	66.9	121.05	101.60	131.15	1.3
Average	374,000	98,200	(3/)	26.9	276,000	73.0	96.20	83.50	101.95	1.2

1/ Excludes "Other title XIX recipients"; complete data not available.
2/ Includes 6,100 not distributed by basis of eligibility.
3/ Data not available.

Note: Data represent averages and percents computed on rounded State data. Totals may not equal sums of parts. Does not include data on operations under State-local general assistance programs.

Table I-4

Amount of medical assistance, by form of payment and basis of eligibility, selected months of 1968

Basis of eligibility of recipient and month	Total amount	To vendors directly or through fiscal agent		Made as premium or per capita payments into agency pooled fund, into Social Security Administration system, or to health-insuring agency	
		Amount	Percent for recipients for whom money payments were authorized	Amount	Percent for recipients for whom money payments were authorized
	(1)	(2)	(3)	(4)	(5)
All recipients:					
February 1968	1/ $281,850,000	1/ $268,234,000	43.0	$13,616,000	99.6
May 1968	2/ 332,064,000	2/ 315,523,000	44.1	16,540,000	99.4
August 1968	3/ 337,973,000	321,334,000	46.2	3/ 16,636,000	99.5
November 1968	360,149,000	343,369,000	45.2	16,782,000	98.9
Average	328,009,000	312,115,000	44.6	15,894,000	99.4
Age 65 or over:					
February 1968	123,899,000	115,371,000	29.2	8,529,000	99.4
May 1968	144,612,000	133,602,000	30.5	11,010,000	99.3
August 1968	149,271,000	139,852,000	30.2	9,421,000	99.1
November 1968	154,348,000	144,431,000	30.2	9,918,000	98.3
Average	143,032,000	133,314,000	30.0	9,720,000	99.0
Blindness:					
February 1968	2,455,000	2,304,000	74.9	149,000	99.3
May 1968	2,798,000	2,613,000	74.1	184,000	99.5
August 1968	2,618,000	2,517,000	76.0	102,000	99.0
November 1968	2,653,000	2,404,000	74.0	249,000	99.6
Average	2,631,000	2,460,000	74.8	171,000	99.4
Permanent and total disability:					
February 1968	43,744,000	42,524,000	63.0	1,219,000	99.9
May 1968	56,165,000	54,814,000	60.7	1,353,000	99.1
August 1968	58,262,000	57,237,000	61.6	1,024,000	99.9
November 1968	61,519,000	59,709,000	59.6	1,809,000	99.7
Average	54,922,000	53,571,000	61.2	1,351,000	99.6
Membership in family with dependent children under 21:					
February 1968	78,129,000	74,415,000	62.7	3,714,000	100.0
May 1968	88,345,000	84,362,000	66.0	3,983,000	100.0
August 1968	92,576,000	89,493,000	68.1	3,084,000	100.0
November	104,717,000	99,916,000	64.3	4,801,000	100.0
Average	90,942,000	87,046,000	65.3	3,896,000	100.0
Other title XIX recipients:					
February 1968	32,345,000	32,336,000	20.4	8,500	100.0
May 1968	40,074,000	40,065,000	19.0	9,400	100.0
August 1968	32,242,000	32,235,000	25.6	7,100	100.0
November 1968	36,918,000	36,914,000	27.5	4,400	100.0
Average	35,395,000	35,388,000	23.1	7,400	100.0

1/ Includes $1,287,000 not distributed by basis of eligibility.
2/ Includes $69,000 not distributed by basis of eligibility.
3/ Includes $3,000,000 not distributed by basis of eligibility.

Note: Data represents averages and percents computed on rounded State data. Totals may not equal sums of parts. Does not include expenditures from State-local general assistance funds.

Table II-1

Total payments for medical care, by program, fiscal years 1951-1969

[In thousands]

Fiscal year	Total	Special types of public assistance							General assistance
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	Medical assistance for the aged	Medical assistance	
1951.....	$100,746	$48,116	$35,860	$954	$1,362	$9,940	---	---	$52,629
1952.....	119,147	70,521	51,859	1,513	6,082	11,067	---	---	48,626
1953.....	154,357	101,974	73,864	2,145	11,532	14,433	---	---	52,383
1954.....	175,454	120,745	87,406	2,489	15,290	15,561	---	---	54,709
1955.....	211,882	145,626	104,588	2,865	19,168	19,005	---	---	66,256
1956.....	252,697	180,848	130,514	3,431	23,869	23,034	---	---	71,849
1957.....	287,600	214,659	155,935	4,330	27,549	26,845	---	---	72,942
1958.....	320,177	236,131	159,141	5,127	28,626	43,236	---	---	84,046
1959.....	409,967	313,926	215,741	6,173	35,918	56,094	---	---	96,041
1960.....	492,700	393,337	280,282	7,630	46,074	59,351	---	---	99,363
1961.....	588,867	477,441	303,810	8,261	54,503	68,861	$42,007	---	111,425
1962.....	812,365	712,550	349,751	8,987	67,714	91,312	194,787	---	99,815
1963.....	1,000,822	897,900	410,773	10,658	88,248	100,878	287,342	---	102,922
1964.....	1,147,597	1,043,912	420,888	10,998	107,574	122,780	381,671	---	103,685
1965.....	1,367,125	1,249,087	436,416	12,248	128,329	151,116	520,978	---	118,038
1966.....	1,709,930	1,605,986	415,946	10,264	133,146	139,210	535,068	$372,352	103,944
1967.....	2,382,637	2,308,192	185,918	3,171	42,852	37,715	94,374	1,944,161	74,445
1968.....	3,580,825	3,510,753	118,469	2,822	35,328	25,438	63,078	3,265,618	70,071
1969 1/....	4,411,192	4,344,888	105,823	2,565	38,664	28,948	61,696	4,107,192	66,304
1970.....									

1/ Preliminary. In addition, $90,344,000 was paid for care of adults, principally individuals aged 65 and over, living in intermediate care facilities; payment on behalf of such individuals was classified in preceding years as payments to medical vendors.

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Table II-2

Public assistance: Total payments for medical care,1/ by month, January 1965-July 1969

[In thousands]

Month	1965	1966	1967	1968	1969
January	$110,184	$127,885	$178,740	$306,041	$379,287
February	111,447	131,383	179,987	287,608	383,860
March	120,638	148,960	219,342	318,910	374,867
April	127,743	147,243	230,040	386,888	394,667
May	123,224	166,186	222,130	336,579	387,493
June	127,149	178,232	229,116	349,657	379,029
July	130,349	154,076	221,261	328,445	394,007
August	126,152	166,628	261,430	340,822	
September	126,463	156,095	249,671	341,646	
October	124,941	163,747	273,278	370,182	
November	127,693	199,366	281,053	375,560	
December	128,890	196,705	268,063	356,465	

1/ Includes general assistance.

Table II-3

Public assistance: Total payments for medical care,1/ by month, (3-month moving average) January 1965-July 1969

[In thousands]

Month	1965	1966	1967	1968	1969
January	---	$129,386	$185,144	$287,237	$373,204
February	$114,090	136,076	192,690	304,186	379,338
March	119,943	142,529	209,790	331,135	384,465
April	123,868	154,130	223,837	347,459	385,676
May	126,039	163,887	227,095	357,708	387,063
June	126,907	166,165	224,169	338,227	386,843
July	127,883	166,312	237,286	339,641	
August	127,655	158,933	244,137	336,971	
September	125,852	162,157	261,476	350,883	
October	126,366	173,069	268,001	362,463	
November	127,175	186,606	274,131	367,402	
December	128,156	191,604	285,052	370,437	

1/ Includes general assistance.

Table II-4

Public assistance: Total payments for medical care,1/ New York, California, and all other States, by month, January 1967-July 1969

[In thousands]

Month and year	Total	New York	California	All other States
January 1967	$178,740	$34,099	$42,829	$101,812
February 1967	179,987	33,411	35,485	111,091
March 1967	219,342	53,044	50,482	115,816
April 1967	230,040	41,372	69,938	118,730
May 1967	222,130	47,811	46,008	128,311
June 1967	229,116	53,437	39,534	136,145
July 1967	221,261	53,854	44,316	123,091
August 1967	261,480	71,206	50,262	140,012
September 1967	249,671	69,117	47,003	133,551
October 1967	273,278	79,666	44,626	148,986
November 1967	281,053	93,121	38,108	149,824
December 1967	268,063	74,970	43,306	149,787
January 1968	306,041	102,806	41,679	161,556
February 1968	287,608	77,313	40,403	169,892
March 1968	318,910	94,207	52,842	171,861
April 1968	386,888	140,627	62,126	184,135
May 1968	336,579	90,090	51,524	194,965
June 1968	349,657	88,237	62,903	198,517
July 1968	328,445	91,289	49,700	187,456
August 1968	340,822	88,387	64,204	188,231
September 1968	341,646	94,322	56,226	191,098
October 1968	370,182	98,975	66,227	204,980
November 1968	375,560	115,230	61,578	198,752
December 1968	356,465	106,924	52,130	197,411
January 1969	379,287	110,766	67,285	201,236
February 1969	383,860	119,117	65,813	198,930
March 1969	374,867	103,135	65,148	206,584
April 1969	394,667	115,124	62,387	217,156
May 1969	387,493	103,597	69,376	214,520
June 1969	379,029	91,866	74,616	212,547
July 1969	394,007	93,447	63,886	236,674

1/ Includes general assistance.

Table II-5

Medical assistance, calendar year 1968

State	Amount 1/ (000)	Cumulative percent of total	Expenditures per inhabitant	Rank of State with respect to expenditures	
				Total	Per inhabitant
	(1)	(2)	(3)	(4)	(5)
Total	$4,096,133	---	$20.20	---	---
New York	1,158,586	28.3	63.95	1	1
California	670,440	44.7	34.85	2	3
Massachusetts	229,242	50.2	42.15	3	2
Michigan	192,541	54.9	22.00	4	9
Illinois	190,662	59.6	17.35	5	12
Pennsylvania	188,880	64.2	16.10	6	18
Wisconsin	133,518	67.5	31.70	7	4
Texas	132,253	70.7	12.05	8	28
Ohio	105,499	73.2	9.95	9	33
Minnesota	94,283	75.6	25.85	10	7
Oklahoma	76.031	77.4	30.20	11	5
Maryland	63,645	79.0	16.95	12	14
Connecticut	60,487	80.5	20.45	13	10
Washington	58,650	81.9	17.90	14	11
New Jersey	52,657	83.2	7.45	15	39
Louisiana	46,865	84.3	12.55	16	27
Georgia	46,445	85.5	10.10	17	32
Puerto Rico	46,030	86.6	16.95	18	13
Kentucky	42,673	87.6	13.20	19	26
Missouri	42,593	88.7	9.20	20	37
Kansas	35,665	89.5	15.50	21	19
Indiana	33,838	90.4	6.70	22	41
Colorado	30,886	91.1	15.10	23	21
Iowa	28,715	91.8	10.45	24	31
Rhode Island	27,520	92.5	30.15	25	6
Florida	25,404	93.1	4.10	26	48
Nebraska	23.355	93.7	16.25	27	16
Arkansas	21,506	94.2	10.70	28	30
North Carolina	20,284	94.7	3.95	29	50
Oregon	19,600	95.2	9.75	30	34
Alabama	18,988	95.6	5.30	31	45
Tennessee	17,580	96.1	4.40	32	47
New Mexico	16,490	96.5	16.25	33	17
West Virginia	13.734	96.8	7.60	34	38
South Carolina	12,460	97.1	4.65	35	46
Virginia	11,282	97.4	2.45	36	51
Maine	11,038	97.7	11.30	37	29
Hawaii	10,613	97.9	13.65	38	25
Montana	10,545	98.2	15.20	39	20
North Dakota	10,312	98.4	16.50	40	15
Utah	9,743	98.7	9.40	41	36
Vermont	9,448	98.9	22.40	42	8
South Dakota	9,148	99.1	13.90	43	24
Idaho	6.780	99.2	9.60	44	35
Nevada	6.675	99.4	14.75	45	22
New Hampshire	4,488	99.6	6.40	46	43
Mississippi	4,318	99.7	1.85	47	53
Delaware	3,542	99.8	6.65	48	42
District of Columbia	3,304	99.8	4.10	49	49
Arizona	2,062	99.9	1.25	50	54
Alaska	1.971	99.9	7.10	51	40
Wyoming	1,814	100.0	5.75	52	44
Virgin Islands	881	100.0	14.15	53	23
Guam	162	100.0	2.00	54	52

1/ Includes expenditures for payments made directly to medical vendors and for monthly premiums or per capita payments into agency pooled funds, to the Social Security Administration (for aged persons), or to health insuring agencies. Includes all such expenditures made under federally-aided assistance programs and under general assistance programs financed from State-local funds.

Table II-6

Public assistance: Total payments for medical care, by basis of eligibility, selected months, 1967-1969 1/

[Amounts in thousands]

Month and year	Basis of eligibility				
	Aged	Blind	Disabled	Families with children	Other
May 1967	$101,354	$2,021	$34,777	$61,239	$17,624
August 1967	122,484	2,007	38,394	68,659	24,225
November 1967	127,400	2,309	38,094	75,521	30,889
February 1968	123,899	2,455	43,744	78,129	32,345
May 1968	144,612	2,798	56,165	88,345	40,074
August 1968	149,271	2,618	58,262	92,576	32,242
November 1968	154,348	2,653	61,519	104,717	36,918
February 1969	154,411	2,987	68,069	115,118	38,697
Average monthly expenditure:					
Amount:					
Fiscal year 1960	23,357	636	3,839	4,946	8,280
Fiscal year 1965	79,783	1,021	10,694	12,593	9,836
1967 2/	117,079	2,112	37,088	68,473	24,246
1968 3/	143,032	2,631	54,922	90,942	35,395
Increase fiscal year 1965 to 1968:					
Amount	63,247	1,610	44,229	78,349	25,559
Percent	79	158	414	622	260

1/ Does not include payments for medical care from State-local general assistance funds.
2/ Average for months of May, August, and November 1967.
3/ Average for months of February, May, August, and November 1968.

Table II-8

Public assistance: Expenditures per inhabitant for maintenance assistance and for medical assistance, total amount and amount for aged persons, calendar year 1968 1/

State	Medical assistance		Maintenance assistance	
	Total amount	Amount for aged persons	Total amount	Amount for aged persons
U. S. Average.....	$20.20	$8.55	$27.95	$8.25
New York.....	63.95	21.10	56.65	4.90
California.....	34.85	13.60	54.60	18.70
Oklahoma.....	30.20	12.30	52.00	27.30
Louisiana.....	12.55	8.85	44.35	27.80
Massachusetts.....	42.15	22.10	34.85	8.95
Colorado.....	15.10	10.50	32.95	17.40
Alabama.....	5.30	4.85	31.25	23.35
Missouri.....	9.20	4.50	30.60	17.05
Arkansas.....	10.70	7.65	30.10	20.60
Rhode Island.....	30.15	15.80	29.75	2.85
Kentucky.....	13.20	4.80	28.65	12.20
District of Columbia.....	4.10	2.25	26.80	2.45
New Mexico.....	16.25	4.15	26.60	6.20
Vermont.....	22.40	15.15	25.40	8.40
Georgia.....	10.10	6.40	25.20	12.05
Washington.....	17.90	7.65	24.35	5.80
Iowa.....	10.45	5.30	23.75	10.40
Connecticut.....	20.45	10.15	23.65	2.50
Mississippi.....	1.85	1.55	23.60	13.45
West Virginia.....	7.60	1.30	23.15	4.75
Illinois.....	17.35	6.25	22.90	2.60
Hawaii.....	13.65	7.85	22.05	2.40
Michigan.....	22.00	10.50	21.70	3.55
Maine.....	11.25	6.70	21.65	6.85
Kansas.....	15.50	7.00	21.60	6.40
Pennsylvania.....	16.10	4.55	21.20	3.15
Delaware.....	6.65	.80	20.90	2.50
New Jersey.....	7.45	5.25	20.85	1.70
Minnesota.....	25.85	15.05	20.65	5.05
Maryland.....	16.95	6.35	20.60	1.50
Texas.....	12.05	9.10	19.90	15.20
Tennessee.....	4.40	3.85	19.80	7.65
Utah.....	9.40	3.20	19.35	2.50
South Dakota.....	13.90	9.30	18.70	5.60
North Dakota.....	16.50	9.05	18.55	6.15
Ohio.....	9.95	4.05	18.40	4.20
Alaska.....	7.10	1.90	17.95	4.95
Arizona.....	1.25	1.25	17.75	4.85
North Carolina.....	3.95	.90	17.30	5.80
Idaho.....	9.60	4.30	17.05	3.80
Oregon.....	9.75	5.85	16.70	2.80
Wyoming.....	5.75	1.45	15.75	6.05
Florida.....	4.10	3.20	15.60	6.70
New Hampshire.....	6.40	2.90	14.75	7.70
Montana.....	15.20	6.05	14.50	4.15
Wisconsin.....	31.70	11.60	14.20	2.85
Virgin Islands.....	14.15	2.20	13.85	2.80
Nebraska.....	16.25	9.20	13.85	4.00
Nevada.....	14.75	7.25	12.10	4.95
South Carolina.....	4.65	3.70	9.35	4.05
Guam.....	2.00	.70	9.05	1.85
Virginia.....	2.45	1.55	8.60	1.60
Puerto Rico.....	16.95	1.05	7.60	1.05
Indiana.....	6.70	4.15	6.65	2.00

1/ Based on population as of July 1, 1968, estimated by the Bureau of the Census. Includes general assistance amount for aged estimated on basis of data for May and November.

Table II-9

Payments for public assistance vendor medical bills, by type of service, fiscal years 1957-1968

[Includes payments for medical from State-local general assistance funds]

Fiscal year	Total	Type of service not reported	In all States reporting for specified types of service							
			Total	Inpatient hospital care	Nursing home care	Physicians' services	Other practitioners' service	Dental care	Prescribed drugs	Other
	Amount (in thousands)									
1957...	$266,724	$64,448	$202,275	$106,484	$45,248	$20,778		(1/)	$18,947	1/ $10,819
1958...	304,103	74,197	229,907	119,045	43,206	27,080		(1/)	29,841	1/ 10,735
1959...	412,778	82,190	330,588	157,407	66,472	39,906		(1/)	46,447	1/ 20,356
1960...	478,429	92,477	385,951	172,623	99,389	45,499		(1/)	42,811	1/ 25,629
1961...	580,129	109,089	471,040	200,241	126,431	58,640		(1/)	52,286	1/ 33,441
1962...	813,431	25,396	788,034	346,565	228,954	84,545	3,243	$18,731	74,363	31,633
1963...	998,456	19,580	978,876	432,063	305,244	92,474	6,536	19,917	85,775	36,866
1964...	1,147,841	19,689	1,128,152	480,202	357,909	100,520	6,109	23,580	100,127	59,706
1965...	1,373,473	20,798	1,352,675	584,788	450,498	114,383	7,451	29,486	117,406	48,664
1966...	1,695,474	34,548	1,660,925	669,849	583,872	142,110	11,481	38,430	146,560	68,625
1967...	2,345,372	11,582	2,333,791	955,075	772,620	230,299	18,039	72,804	182,584	102,371
1968...	3,521,352	10,830	3,510,521	1,402,416	1,068,212	385,481	32,774	191,104	239,465	191,070
	Percentage distribution									
1957...	100.0	24.2	75.8	39.9	17.0	7.8		(1/)	7.1	1/ 4.1
1958...	100.0	24.4	75.6	39.1	14.2	8.9		(1/)	9.8	1/ 3.5
1959...	100.0	19.9	80.1	38.1	16.1	9.7		(1/)	11.3	1/ 4.9
1960...	100.0	19.3	80.7	36.1	20.8	9.5		(1/)	8.9	1/ 5.4
1961...	100.0	18.8	81.2	34.5	21.8	10.1		(1/)	9.0	1/ 5.8
1962...	100.0	3.1	96.9	42.6	28.1	10.4	.4	2.3	9.1	3.9
1963...	100.0	2.0	98.0	43.3	30.6	9.3	.7	2.0	8.6	3.7
1964...	100.0	1.7	98.3	41.8	31.2	8.8	.5	2.1	8.7	5.2
1965...	100.0	1.5	98.5	42.6	32.8	8.3	.5	2.1	8.5	3.5
1966...	100.0	2.0	98.0	39.5	34.4	8.4	.7	2.3	8.6	4.0
1967...	100.0	.5	99.5	40.7	32.9	9.8	.8	3.1	7.8	4.4
1968...	100.0	.3	99.7	39.8	30.3	10.9	.9	5.4	6.8	5.4

1/ Prior to fiscal year 1962 "Dental care" included in "Other."

Table II-10

Special types of public assistance and general assistance: Percentage distribution of payments for vendor medical bills, calendar year ended December 31, 1968 1/

State	Total	Percentage distribution by type of service							
		Type of service not reported	In-patient hospital care	Nursing home care	Physicians' services 2/	Other practitioners' services 2/	Dental care	Prescribed drugs	Other
Total	$4,026,510	1.0	37.8	30.7	11.4	0.9	5.6	6.7	5.9
Alabama	18,988	---	5.5	94.3	.2	---	---	---	(3/)
Alaska	1,971	---	30.8	49.4	12.9	.1	1.8	4.3	.7
Arizona	1,477	---	.9	93.3	---	---	---	---	5.8
Arkansas	18,675	---	13.7	80.6	4/ 3.0	(4/)	2.4	---	.3
California	656,980	---	39.0	24.1	20.7	1.7	5.0	6.8	2.7
Colorado	28,951	.5	19.7	5/ 59.3	6/ 12.7	.1	(3/)	6.5	1.1
Connecticut	60,112	3.9	27.4	49.1	8.4	(3/)	2.5	6.1	2.5
Delaware	3,465	---	52.9	.8	24.0	---	---	12.1	10.2
District of Columbia	3,304	---	35.4	44.6	2.1	.2	.5	.9	16.2
Florida	22,236	---	31.7	35.7	---	---	---	32.6	(3/)
Georgia	42,094	---	18.9	49.9	14.7	---	---	13.4	3.1
Guam	162	100.0	---	---	---	---	---	---	---
Hawaii	11,705	---	27.0	49.9	17.2	---	.9	2.3	2.7
Idaho	6,557	---	22.4	54.0	21.4	.6	---	---	1.6
Illinois	189,109	---	50.9	20.2	9.7	1.4	2.8	8.7	6.3
Indiana	32,747	---	18.3	54.6	10.4	.7	2.1	11.8	2.1
Iowa	27,641	---	19.4	23.7	24.5	1.8	5.9	21.1	3.6
Kansas	34,652	---	7/ 35.4	23.9	17.3	2.1	6.0	14.7	.7
Kentucky	41,142	---	33.0	11.4	24.5	---	3.3	25.8	2.1
Louisiana	46,865	---	13.3	46.4	10.4	---	.6	28.1	1.2
Maine	10,452	9.9	34.5	37.5	15.8	---	---	---	2.3
Maryland	63,645	---	60.2	21.6	6.3	---	1.5	10.0	.4
Massachusetts	230,194	---	34.2	31.3	7.7	1.6	10.4	8.3	6.5
Michigan	191,764	1.0	32.0	48.3	13.9	.1	---	2.0	2.8
Minnesota	94,355	1.6	23.3	47.7	9.8	.5	2.2	9.4	5.5
Mississippi	4,318	---	24.1	75.9	---	---	---	---	---
Missouri	39,634	---	30.5	23.4	20.5	---	4.3	17.6	3.7
Montana	10,369	---	25.6	45.5	8/ 13.7	8/ 1.4	2.9	8.4	2.5
Nebraska	22,756	---	24.8	47.3	7.4	.2	2.2	12.4	5.8
Nevada	6,675	2.9	28.3	42.3	12.5	.6	4.0	5.4	4.1
New Hampshire	4,528	1.5	38.9	4.1	21.6	1.5	6.2	23.3	3.0
New Jersey	52,018	---	35.6	43.9	4.1	1.2	3.7	8.1	3.5
New Mexico	16,490	---	26.2	21.4	4/ 20.5	(4/)	4.5	16.8	10.6
New York	1,155,680	---	48.5	16.9	8.1	1.0	11.6	3.1	10.7
North Carolina 9/	20,346	1.6	70.8	---	---	---	.3	24.4	3.0
North Dakota	10,079	---	26.4	40.8	12.6	10/ .1	2.9	11.8	10/ 5.5
Ohio	102,818	---	37.1	29.6	7.0	1.2	3.2	12.6	9.4
Oklahoma	67,318	---	25.6	47.1	20.5	---	.4	.1	6.4
Oregon	19,600	---	18.5	57.6	12.1	---	2.6	6.4	2.8
Pennsylvania	187,144	---	39.7	42.7	6.6	---	1.5	6.0	3.4
Puerto Rico	46,030	68.6	31.4	---	---	---	---	---	---
Rhode Island	27,459	---	55.4	14.3	8/ 9.1	8/ .2	2.8	13.0	5.2
South Carolina	11,455	---	18.6	63.1	5.1	---	---	6.1	7.1
South Dakota	9,033	---	15.3	67.2	8.9	1.7	1.0	4.5	1.4
Tennessee	15,989	---	21.1	43.6	10.5	(3/)	(3/)	23.4	1.4
Texas	120,639	---	19.9	58.8	11.4	---	---	---	9.9
Utah	9,637	---	30.1	33.3	17.3	(11/)	7.1	8.6	11/ 3.6
Vermont	9,251	---	35.6	43.6	12.2	---	---	7.2	1.4
Virgin Islands 9/	881	48.4	48.4	---	---	---	---	3.3	---
Virginia	10,782	4.9	23.9	59.9	3.0	---	(3/)	7.6	.6
Washington	57,592	---	30.9	41.2	13.8	.2	2.1	8.6	3.2
West Virginia	13,734	---	43.4	.3	24.8	2.0	3.1	12/ 20.8	5.6
Wisconsin	133,197	.5	13.6	65.3	8.3	1.1	2.5	6.4	2.2
Wyoming	1,814	---	30.4	26.9	20.6	---	1.7	14.0	6.4

1/ For States operating pooled funds or other prepayment plans, data represent payments out of these funds to specified type of vendor.
2/ Includes drugs dispensed by medical practitioners when these costs are not reported separately.
3/ Less than 0.05 percent.
4/ "Other practitioners' services" included in "Physicians' services."
5/ For old-age assistance and medical assistance for the aged, includes payments for mental hospital patients classified under nursing home care.
6/ Includes laboratory and radiological services.
7/ Includes outpatient care.
8/ For general assistance, "Other practitioners' services" included in "Physicians' services."
9/ Partly estimated.
10/ For general assistance, "Other practitioners' services" included in "Other."
11/ "Other practitioners' services" included in "Other."
12/ Includes State Pharmacy Program payments made without Federal participation.

Table II-11

Public assistance: Expenditures for payments to medical vendors, by basis of eligibility, and percentage distribution by type of service, calendar years 1968 and 1965 1/

Basis of eligibility and calendar year	Total		Inpatient hospital care	Nursing home care	Physicians' services	Other practitioners' services	Dental care	Prescribed drugs	Other 2/
	Amount (000)	Percent							
Total:									
1968	$4,026,510	100.0	37.8	30.7	11.4	0.9	5.6	6.7	6.9
1965	1,478,905	100.0	42.4	33.4	8.2	.6	2.1	8.4	4.9
Age 65 or over:									
1968	1,697,651	100.0	21.7	59.7	5.4	.7	1.5	7.5	3.5
1965	1,038,993	100.0	39.4	42.3	6.7	.5	.7	7.7	2.7
Blindness:									
1968	32,766	100.0	27.0	37.6	12.5	.7	2.0	12.1	8.1
1965	12,058	100.0	34.9	24.7	12.8	1.6	2.5	15.9	7.6
Permanent and total disability:									
1968	634,639	100.0	44.4	28.1	10.5	.7	1.9	7.2	7.2
1965	143,854	100.0	36.3	33.2	8.0	1.1	2.4	12.9	6.0
Families with dependent children:									
1968	1,174,398	100.0	49.7	1.9	19.6	1.4	9.8	5.8	11.8
1965	163,039	100.0	48.2	.2	19.0	1.4	11.6	12.7	7.0
Other3/:									
1968	487,056	100.0	56.9	1.8	13.8	.7	15.0	5.2	6.5
1965	120,961	100.0	67.9	3.2	6.4	(4/)	.5	2.9	19.1

1/ For calendar year 1968, distribution by basis of eligibility and within each eligibility group by type of service (except for general assistance) estimated on the basis of distribution for January-June 1968. General assistance data as reported by State agencies.
2/ Includes amounts not reported by type of service.
3/ Includes general assistance expenditures.
4/ Less than 0.05 percent.

Table II-12

Public assistance: Expenditures for payments to medical vendors, by type of service, and percentage distribution by basis of eligibility, calendar years 1968 and 1965 1/

Type of service and calendar year	Total		Age 65 or over	Blindness	Permanent and total disability	Families with dependent children	Other 2/
	Amount (000)	Percent					
Total:							
1968	$4,026,510	3/ 100.0	42.2	0.8	15.8	29.1	12.1
1965	1,478,905	100.0	70.3	.8	9.7	11.0	8.2
Inpatient hospital care:							
1968	1,520,463	100.0	24.3	.6	18.5	38.4	18.2
1965	626,611	100.0	65.4	.7	8.3	12.5	13.1
Nursing home care:							
1968	1,234,450	100.0	82.0	1.0	14.5	1.8	.7
1965	494,392	100.0	88.9	.6	9.7	.1	.8
Physicians' services:							
1968	460,205	100.0	20.0	.9	14.5	50.0	14.6
1965	121,649	100.0	57.5	1.3	9.5	25.4	6.3
Other practitioners' services:							
1968	36,235	100.0	31.6	.6	12.1	46.1	9.6
1965	9,142	100.0	55.2	2.2	16.9	25.1	.5
Dental care:							
1968	225,934	100.0	11.0	.3	5.3	51.1	32.3
1965	30,778	100.0	24.1	1.0	11.2	61.6	2.0
Prescribed drugs:							
1968	270,876	100.0	47.1	1.5	16.8	25.2	9.4
1965	124,277	100.0	64.0	1.5	15.0	16.6	2.9
Other 4/:							
1968	278,347	100.0	21.5	1.0	16.4	49.7	11.5
1965	72,055	100.0	38.8	1.3	12.0	15.8	32.1

1/ For calendar year 1968, distribution by basis of eligibility and within each eligibility group by type of service (except for general assistance) estimated on the basis of distribution for January-June 1968. General assistance data as reported by State agencies.
2/ Includes expenditures for medical care from State-local general assistance funds.
3/ Percentage distribution differs slightly from that shown in Column 4 of table 1N because of different sources used for two tables and the inclusion of general assistance in this table but not in table 1N.
4/ Includes amounts not reported by type of service.

Table III-1

Number of recipients of medical vendor payments,1/ by basis of eligibility, selected months, 1967-1969

Month and year	Basis of eligibility				
	Aged	Blind	Disabled	Families with dependent children 2/	Other
May 1967.....	1,056,000	30,900	308,000	1,316,000	156,000
August 1967.....	1,129,000	32,400	320,000	1,306,000	214,000
November 1967.....	1,115,000	31,900	336,000	1,521,000	317,000
February 1968.....	1,188,000	32,900	360,000	1,722,000	374,000
May 1968.....	1,274,000	33,000	393,000	1,855,000	464,000
August 1968.....	1,389,000	35,600	430,000	1,887,000	354,000
November 1968.....	1,316,000	31,400	421,000	1,884,000	305,000
February 1969.....	1,331,000	33,600	447,000	2,264,000	355,000

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency, and individuals furnished medical assistance from State-local general assistance funds.
2/ Represents individuals in these families who got medical care.

Table III-2

Number of recipients of medical vendor payments made to vendors directly or through fiscal agent, selected States and months, May 1967-February 1969 1/

Month and year	California	New York	Other States
May 1967.....	554,000	364,000	1,952,000
August 1967.....	596,000	497,000	1,912,000
November.....	607,000	731,000	1,981,000
February 1968.....	567,000	760,000	2,356,000
May 1968.....	661,000	1,020,000	2,340,000
August 1968.....	710,000	937,000	2,448,000
November 1968.....	713,000	836,000	2,407,000
February 1969.....	833,000	1,122,000	2,478,000

1/ Does not include individuals furnished medical assistance from State-local general assistance funds.

Table III-3

Number of "Other"[1] individuals on whose behalf medical vendor payments were made, selected States and months, May 1967-February 1969

Month and year	Recipients under age 21			Recipients aged 21-65		
	California	New York	Other States	California	New York	Other States
May 1967	8,100	---	38,400	---	72,300	21,500
August 1967	9,800	19,900	47,400	1,400	100,000	19,600
November 1967	11,500	25,900	76,500	2,100	162,000	22,900
February 1968	9,500	23,100	104,000	350	191,000	28,600
May 1968	11,300	30,900	122,000	380	256,000	29,600
August 1968	12,400	36,300	107,000	410	136,000	38,600
November 1968	12,600	36,500	118,000	---	94,000	26,000
February 1969	16,700	53,500	122,000	---	109,000	27,000

[1] Individuals furnished medical assistance under title XIX are not categorically related. Federal financial participation is available for those under 21 only.

Table III-5

Percent of recipients of medical vendor payments represented by persons for whom money payments also were authorized,1/ by basis of eligibility, in California, New York, and all other States, calendar year 1968 2/

Basis of eligibility	California	New York	All other States
Aged.....	79.1	27.7	59.1
Blind.....	91.1	73.8	90.3
Disabled.....	90.0	48.6	75.4
Families with children.....	92.8	48.3	73.7
Other.....	97.5	29.9	15.6

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency, and individuals furnished medical assistance from State-local general assistance funds.
2/ Average for months of May and November 1968.

Table III-6

Monthly number of recipients of medical vendor payments 1/ aged 65 and over per 1,000 population aged 65 and over, by money payment status and by State, calendar year 1968

State	Total	Money payment	
		Authorized	Not authorized
Total	74	43	31
Virgin Islands	191	66	125
Louisiana 2/	190	161	30
Rhode Island	177	33	144
California	151	119	31
Kentucky	137	94	43
Massachusetts	129	49	80
Puerto Rico	120	19	101
Georgia 2/	107	89	18
New Hampshire	106	57	48
New York	97	27	70
Missouri 2/	90	87	3
Minnesota	87	38	49
Maryland	83	14	69
Wisconsin	82	24	59
Nevada 2/	75	62	13
Guam	74	34	39
New Mexico 2/	74	68	6
Iowa	65	46	19
Kansas	59	43	17
Nebraska	59	31	29
Vermont	59	29	29
Connecticut	57	15	42
South Dakota 2/	55	25	30
Utah	54	34	19
Montana 2/	51	30	21
Michigan	47	26	21
Hawaii	42	7	35
Florida	41	41	---
Illinois	40	20	20
Ohio 2/	40	28	13
Oregon 2/	39	22	17
Arkansas	37	26	10
Maine 2/	34	24	10
Idaho 2/	32	14	19
Alabama	30	30	(3/)
West Virginia 2/	30	30	---
New Jersey	27	12	16
Delaware	26	21	6
Pennsylvania	24	12	12
South Carolina 2/	23	17	7
Wyoming 2/	16	11	5
Alaska	13	11	2
Mississippi	13	12	(3/)
Arizona	9	2	7
District of Columbia	7	3	5
Colorado	(4/)	(4/)	(4/)
Indiana	(4/)	(4/)	(4/)
North Carolina	(4/)	(4/)	(4/)
North Dakota	(4/)	(4/)	(4/)
Oklahoma	(4/)	(4/)	(4/)
Tennessee	(4/)	(4/)	(4/)
Texas 2/	(4/)	(4/)	(4/)
Virginia	(4/)	(4/)	(4/)
Washington	(4/)	(4/)	(4/)

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency. Monthly number based on data for May and November 1968.
2/ State covers categorically needy only.
3/ Less than 0.5.
4/ Data not available.

Table III-7

Percent of all recipients of OAA represented by aged who got both OAA and medical vendor payments, 1/ calendar year 1968 2/

State	Percent
Reporting States	44.8
New Hampshire	100.0
Rhode Island	76.2
Kansas	74.9
Iowa	68.6
California	67.3
Wisconsin	66.2
New York	65.7
Nebraska	65.4
Minnesota	63.2
Nevada	61.6
Massachusetts	61.0
Illinois	59.0
Utah	57.0
Connecticut	55.5
Virgin Islands	55.3
Oregon	55.0
New Jersey	54.3
Montana	54.1
Michigan	53.8
Missouri	52.5
Maryland	49.9
West Virginia	49.6
Kentucky	49.0
Florida	46.4
New Mexico	46.4
Delaware	45.8
Ohio	44.9
Louisiana	38.3
Georgia	34.0
Pennsylvania	33.8
Vermont	31.7
Idaho	26.3
Maine	26.2
Guam	26.0
Hawaii	16.8
Wyoming	16.5
South Carolina	14.6
Puerto Rico	13.7
Arkansas	9.2
Alabama	7.9
District of Columbia	7.9
Alaska	6.0
Mississippi	3.6
Arizona	2.3
Colorado	NA
Indiana	NA
North Carolina	NA
North Dakota	NA
Oklahoma	NA
South Dakota	NA
Tennessee	NA
Texas	NA
Virginia	NA
Washington	NA

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund or to health-insuring agency.
2/ Average for months of May and November 1968.

Table III-8

Monthly number of child recipients 1/ of medical vendor payments per 1,000 population under age 21, by money payment status and by State, calendar year 1968

State	Total	Money payment	
		Authorized	Not authorized
Total	22	13	9
Puerto Rico	89	9	80
Virgin Islands	89	59	30
Massachusetts	66	17	48
New York	56	25	31
Illinois	32	29	3
California	28	26	2
Kentucky	27	17	10
Rhode Island	26	23	3
Wisconsin	19	11	8
Connecticut	18	13	5
Maryland	18	11	7
New Mexico 2/	18	17	1
Iowa	14	13	1
Minnesota	14	9	5
Washington	14	9	5
West Virginia 2/	14	14	---
Michigan	13	11	2
Delaware	12	11	2
Kansas	12	10	2
Nevada 2/	11	10	(3/)
Hawaii	10	9	1
New Jersey	10	10	---
Missouri 2/	9	8	(3/)
North Dakota	8	7	1
Vermont	8	6	2
Nebraska	7	7	(3/)
New Hampshire	7	5	2
Montana 2/	6	5	1
Georgia 2/	5	5	(3/)
Idaho 2/	4	4	(3/)
Maine 2/	4	3	1
South Dakota 2/	4	4	(3/)
Wyoming 2/	3	3	(3/)
Arkansas	2	2	---
District of Columbia	2	2	---
Florida	2	2	---
Guam	2	2	(3/)
Indiana	2	2	(3/)
Louisiana 2/	2	2	(3/)
South Carolina 2/	(3/)	(3/)	(3/)
Virginia	(3/)	(3/)	(3/)
Alabama	---	---	---
Alaska	---	---	---
Arizona	---	---	---
Mississippi	---	---	---
Colorado	(4/)	(4/)	(4/)
North Carolina	(4/)	(4/)	(4/)
Ohio 2/	(4/)	(4/)	(4/)
Oklahoma	(4/)	(4/)	(4/)
Oregon 2/	(4/)	(4/)	(4/)
Pennsylvania	(4/)	(4/)	(4/)
Tennessee	(4/)	(4/)	(4/)
Texas 2/	(4/)	(4/)	(4/)
Utah	(4/)	(4/)	(4/)

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency. Monthly number based on data for May and November 1968.
2/ State covers categorically needy only.
3/ Less than 0.5.
4/ Data not available.

Table III-9

Percent of child recipients of AFDC represented by children who got both AFDC and medical vendor payments, 1/ calendar year 1968 2/

State	Percent
Reporting States	22.3
Illinois	53.6
Iowa	35.1
Rhode Island	33.9
Wisconsin	32.4
Massachusetts	31.5
California	30.8
Nevada	30.3
Connecticut	28.6
Michigan	28.0
Minnesota	28.0
Kentucky	27.1
New Mexico	26.7
Kansas	26.6
New Hampshire	26.0
Washington	23.3
North Dakota	22.9
New York	21.9
Nebraska	21.1
New Jersey	21.0
Montana	20.5
Maryland	19.2
Delaware	19.0
Hawaii	17.6
West Virginia	16.6
Missouri	16.1
Idaho	14.8
Vermont	14.3
Wyoming	12.9
Indiana	10.2
South Dakota	9.6
Georgia	9.2
Virgin Islands	9.2
Puerto Rico	9.0
Maine	7.3
Guam	7.0
Arkansas	6.2
Louisiana	3.3
Florida	3.2
District of Columbia	2.9
South Carolina	1.2
Virginia	.5
Alabama	---
Alaska	---
Arizona	---
Mississippi	---
Colorado	NA
North Carolina	NA
Ohio	NA
Oklahoma	NA
Oregon	NA
Pennsylvania	NA
Tennessee	NA
Texas	NA
Utah	NA

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund or to health-insuring agency.
2/ Average for months of May and November 1968.

Table IV-1

Average monthly amount expended per recipient 1/ for whom one or more bills were paid to vendors for medical care, in California, New York, and all other States, calendar year 1968 2/

Basis of eligibility	California		New York		All other States	
	Money payment authorized	No money payment authorized	Money payment authorized	No money payment authorized	Money payment authorized	No money payment authorized
Aged	$39.15	$244.80	$95.65	$186.70	$51.25	$159.25
Blind	70.25	267.10	96.25	127.50	55.10	165.65
Disabled	116.10	423.05	197.90	196.30	91.90	205.55
Families with children	54.50	118.35	61.65	66.70	35.65	40.30
Other	48.45	53.05	98.40	117.40	64.50	78.90

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency, and individuals furnished medical assistance from State-local general assistance funds.

2/ Average for months of February, May, August, and November 1968.

Table IV-2

Average monthly amount per recipient 1/ for whom one or more bills were paid to vendors for medical care, February 1968 and February 1969

Basis of eligibility	Money payment authorized		No money payment authorized	
	February 1969	February 1968	February 1969	February 1968
Aged.....	$59.20	$44.25	$171.35	$165.35
Blind.....	69.35	57.55	184.55	186.45
Disabled.....	114.00	93.60	253.25	210.05
Families with children.....	47.20	39.70	52.35	50.70
Other.....	83.70	83.80	125.70	87.00

1/ Does not include recipients for whom the only payment made was a premium or per capita payment into agency pooled fund, into Social Security Administration system, or to health-insuring agency, and individuals furnished medical assistance from State-local general assistance funds.

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